

FILED APR 6 1949

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
19 EAST 32ND STREET 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 6 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 19 EAST 32ND STREET
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR EDWARD EVERETT REWICK

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 30 1859
 (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace GRANBY CONNECTICUT
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business MERCHANT

12. Name WILLIAM O. REWICK 1

13. Birthplace GRANBY CONNECTICUT
 (City, town, or county) (State or foreign country)

14. Maiden name TEMPERANCE HUTCHINSON

15. Birthplace MANSFIELD CONNECTICUT
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS JENNIE R WILLIAMS

(b) Address 19 EAST 32ND STREET

17. (a) REMOVAL (b) Date thereof 3-15-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY NEW YORK

18. (a) Signature of funeral director D. W. Newcomer, Iowa

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 3-14-44 J. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13TH
 year 1944 hour 6 minute 00A. M.

21. I hereby certify that I attended the deceased from JUNE, 1942 to MARCH 13TH, 1944
 that I last saw him alive on MARCH 10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis sudden
 Due to Arterio-sclerosis

Other conditions Chronic Pathologic Osteoarthritis
 (Include pregnancy within 3 months of death)

Major findings: Osteoarthritis
 Of operations _____
 Of autopsy none

Duration
yr

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Harry L. Jones (M.D. or other)
 Address Home at left No Date signed 3/13/44

~~NOV 19 1954~~

NOV 23 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. C. Newcomer*
Licensed Embalmer No. 4043
P. O. Address *H. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.