

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

State File No. **36162**  
Registrar's No. **4593**

**FILED NOV 26 1945**

Registration District No. **199** Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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:  
Little Sisters of the Poor 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Months  
(Specify whether years, months or days) 10 mths (Specify whether years, months or days) In K.C. 50 years

**3. (a) PRINT FULL NAME** James Ewing

**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** Anna

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** February 10 1859  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
86	8	25	_____ hr. _____ min.

**9. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** None

**11. Industry or business**

**12. Name** G. W. Ewing

**13. Birthplace** No Record 7  
(City, town, or county) (State or foreign country)

**14. Maiden name** Wandy Young 7

**15. Birthplace** No Record 1  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Little Sisters of the Poor

**(b) Address** 5331 Highland, Kansas City

**17. (a) Burial** (Burial, cremation, or removal) Calvary Cemetery.

**(b) Date thereof** 11-7-45  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** Quirk & Dolin Co

**(b) Address** 20 West Linwood

**19. (a) 11-7-45** (Date received local registrar)

**(b) Geraldine Holmes** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland 8  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 5<sup>th</sup> day Nov  
year 1945 hour 1:00 minute 0 M.

**21. I hereby certify that I attended the deceased from** NOV. 1  
1945, to NOV. 9, 1945  
that I last saw h. vi alive on NOV. 9, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death

acute bacterial pneumonia

Due to arteriosclerosis 4 day

Due to myocarditis year

Other conditions (include pregnancy within 3 months of death)

**Major findings:**

Of operations no

Of autopsy no 93 d.

**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)

Means of injury \_\_\_\_\_

**23. Signature** John H. Ewing (M. D. or other) 142

**Address** 1102 Grand Ave Date signed 11-6-45

SE-2ND

**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.....

*Charles M. Quirk*

Licensed Embalmer No.....

*3774*

P. O. Address.....

*H. O. No*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**