

FILED JUN 25 1946

Registration District No.

Primary Registration District No. 1802

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Research Hosp
(d) Length of stay: In hospital or institution 12 days
In this community 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(d) Street No. 303 Pine St. Liberty Mo
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

ANNA B. McEWAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: March 20 1896

8. AGE: Years 50 Months 2 Days 19 If less than one day hr. min.

9. Birthplace: Pine Grove Ky

10. Usual occupation: Housekeeping

11. Industry or business _____

12. Name Mrs McEwan

13. Birthplace Ky

14. Maiden name Elizabeth Adridge

15. Birthplace Ky

16. (a) Informant Robert McEwan

(b) Address 303 Pine St. Liberty Mo

17. (a) Burial (b) Date thereof June 12 1946

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Church-Walker Co.

(b) Address Liberty Mo

19. (a) 6-10-46 (b) Gertrudine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1946 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from May 7 8 1946 to June 9 1946 that I last saw her alive on June 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism Duration Sudden

Due to Trauma R. Femur 135a

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 186a-15 Of autopsy 14 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) Accident 24

(b) Date of occurrence 5/18/46

(c) Where did injury occur? Liberty Clay Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury fall

Signature Gleason W. Sanders (M. D. or other)

Address Liberty Mo Date signed 6/10/46

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

19252

JUN 10 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..... *Edgar Archer*

Licensed Embalmer No. *3311*

P. O. Address..... *Liberty Mo.*

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.