

FILED SEP 18 1948

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Freeman Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

In this community **10 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")

(d) Street No. **114 1/2 Main St**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Harry J. Ewart**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 78 hr. min.

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

9

10. Usual occupation **Custodian**

11. Industry or business

12. Name **No Record**

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

14. Maiden name

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

16. (a) Informant **Available records**

(b) Address **Burial**

17. (a) (Burial, cremation, or removal) (b) Date thereof **Sept 3, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Hurlbut Und. Co**

(b) Address **Joplin, Missouri**

19. (a) **9-5-46** (b) **Ed D Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **29**
year **1946** hour **9⁴⁰** minute **9** M.

21. I hereby certify that I attended the deceased from **Aug 25**
1946 to **Aug 29** 19 **46**
that I last saw him alive on **Aug 29** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **Chronic Valvular Heart**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92D**

Of autopsy

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? **0**

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

23. Signature **Ed D Jones** (M. D. or other) **Aug 30 1946**
Address **Joplin** Date signed **Aug 30 1946**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

By Myers

46-8-777

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.....

Terry T. Zurbel

Licensed Embalmer No.

959

P. O. Address.....

Joseph Mee

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.