

S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36871

FILED JUN 9 1947

State File No. ....

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2347

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: St Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 25 years

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. 1923 Mersington 8  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME CECIL EDWARD EWART

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-3162

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1947 hour 7 minute 15 p. M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Marguerite Ewart

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 6 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-4-47 to 5-27-47 that I last saw him alive on 5-27-47 and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 0 Days 21 If less than one day hr. min.

Immediate cause of death

Suppurative Bronchial Pneumonia

Due to chronic interstitial nephritis

Due to Chronic Interstitial Hepatitis

Other conditions (Include pregnancy within 3 months of death) 1245

Duration

3 days

several months

about 1 year

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

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Dock worker

11. Industry or business Chase Box Co

MOTHER FATHER { 12. Name Edward Ewart

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

14. Maiden name Ida Tariton

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

16. (a) Informant Mrs Marguerite Ewart

(b) Address 1923 Mersington, K.C. Mo

17. (a) Burial (b) Date thereof 5-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill K.C. Mo

18. (a) Signature of funeral director Melody McGilley-Eyler

(b) Address 1800 E Linwood Blvd, K.C. Mo

19. (a) 5-29-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Thos. C. McHale (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 2620 Sidelp. Ave Date signed 5-28-47

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

SEP 28 1954

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**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.....  
.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**