FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31187
3788

FILED SEP 16 1947

Registration District No. 749

Primary Registration District No. 1002

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: GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 152 DAYS (Specify whether years, months or days)

In this community 30 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.: 1219 TRACY 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: EDITH EWELL

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: FEMALE 3

5. Color or race: NEGRO

6. (a) Single, widowed, married, divorced: MARRIED 1

6. (b) Name of husband or wife: SEARCY EWELL

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: AUGUST (Month) 4 (Day) 1879 (Year)

8. AGE: Years 68 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace: FT. SMITH (City, town, or county) ARKANSAS (State or foreign country) 1

10. Usual occupation: HOUSEWIFE

11. Industry or business:

FATHER
12. Name: WARNER WEBB 1
13. Birthplace: MISSISSIPPI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SYLVIA HAYES INDIAN TERR.
15. Birthplace: INDIAN TERRITORY (City, town, or county) (State or foreign country) 1

16. (a) Informant: SEARCY EWELL
(b) Address: 1219 TRACY

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln

18. (a) Signature of funeral director: Adkins Bros.
(b) Address: 2000 E. 12th K.C. Mo.

19. (a) 9-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 4 year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from APRIL 7, 1947 to SEPTEMBER 4, 1947 that I last saw her alive on SEPTEMBER 4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ACUTE RESPIRATORY FAILURE	
Due to: CEREBRO-VASCULAR ACCIDENT WITH POSSIBLE HEMORRHAGE	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 830
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work: (e) Means of injury: 0

23. Signature: U. F. Dixon (M. D. ~~or other~~)
Address: 600 E. 22d Date signed: 9/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 A. T. Moore

Licensed Embalmer No. 948

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.