S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34460

FILED NOV 4 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4458

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: 7427 Wayne
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Years
years, months or days)

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. 7427 Wayne 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Philip Ewald

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Sarah Ewald

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

7. Birth date of deceased 12 (Month) 1 (Day) 1857 (Year)

8. AGE: Years 89 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Jacob Ewald
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Geyer
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C.H.Ewald
(b) Address 7427 Wayne

17. (a) Removal (b) Date thereof Oct-26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Abilene Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn K.C. Mo.

19. (a) 10-25-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th.
year 1947 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 21, 1947, to Oct. 24, 1947; that I last saw him alive on Oct. 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension & arteriosclerosis with myocardial failure	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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 Gin Jones (M. D. or other)

Address 80 & Paseo Date signed 10/24/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Will call us as to where to meet him

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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.