

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 13 1948  
National Office of Vital Statistics  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 881

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 Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community 11 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 54  
(c) City or town Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. --  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM LEROY EWEN

3. (b) If veteran, name war no 3. (c) Social Security No. MO

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Bridges Ewen 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased JULY 8/5/1903  
(Month) (Day) (Year)

8. AGE: Years 44 Months 87 Days 27 If less than one day hr. min.

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

10. Usual occupation Funeral Director

11. Industry or business Self

MOTHER FATHER

12. Name Harry Ewen  
13. Birthplace Livingston Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Maudie Trammell  
15. Birthplace Livingston Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Ewen  
(b) Address Wellington, Mo.  
17. (a) removal (b) Date thereof 2/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wellington Mo

18. (a) Signature of funeral director John P. Sheil  
(b) Address Kansas City, Mo.

19. (a) 2-26-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26  
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Feb 2  
7, 1948, to Feb 26, 1948  
that I last saw ~~him~~ alive on Feb 25, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Essence  
Due to Ob. Nephritis  
Due to.....

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

Major findings: 1218  
Of operations.....  
Of autopsy.....

Duration

2 wks

5 yrs

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.....  
23. Signature Steraldine Holmes (M. D. or other).....  
Address 220 Professional Bldg Date signed 2/26/48

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

Dr. Robt. McClanahan  
820 Professional Bldg.,  
Before noon

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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: *John P. Hill*

Licensed Embalmer No. *3625*

P. O. Address *Kansas City 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.