S. No. 70
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 40116

Registrar's No. 5018

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

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: 1225 The Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: About 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 1225 The Paseo
(If rural, give location)

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

3. (a) PRINT FULL NAME: William F. Ewing

3. (b) If veteran, name war: None

3. (c) Social Security No.: 487-16-7609

4. Sex: Male 1

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Mary Jane Ewing

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

7. Birth date of deceased: February (Month) - 28 (Day) - 1889 (Year)

8. AGE: Years 59 | Months 9 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Franklin Co. (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation: Gardner

11. Industry or business ____

FATHER
12. Name: H. G. Ewing
13. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name: Emiline Stanfield
15. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant: Lucille Cooper Jackson (Daughter)
(b) Address: 1225 The Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: E. Sterling Bills
(b) Address: 1212 Vine St. Kansas City, Mo.

19. (a) 12-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1948 hour 10 minute 24 P.M.

21. I hereby certify that I attended the deceased from Dec 6, 1948 to ____, 19__; that I last saw him alive on 12-6-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis — Duration

Due to: Carcinoma of Prostate

Due to: with Metastasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 5/6

Of autopsy:

PHYSICIAN — Underline the cause to 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: Harold Passman M.D. (or other)
Address: 3147 Troy Date signed: 12/8/48

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, M

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.