

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8753

State File No.

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3</u>		c. LENGTH OF STAY (in this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3</u>		d. STREET ADDRESS (If rural, give location) <u>9409 Independence Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 9409 Independence Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>9409 Independence Ave</u>			
3. NAME OF DECEASED		a. (First) <u>Charles</u>		b. (Middle) <u>A</u>		c. (Last) <u>Ewing</u>	
(Type or Print)		4. DATE OF DEATH		a. (Month) <u>March</u>		b. (Day) <u>11</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 10, 1868</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mercer County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13a. FATHER'S NAME <u>James Ewing</u>		13b. MOTHER'S MAIDEN NAME <u>Aurenda Depuy</u>		14. NAME OF HUSBAND OR WIFE <u>Ona Ewing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>509 12 4082A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ona Ewing, Kansas City 3, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>8 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c) <u>Senility</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>46</u> to <u>Mar 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 11</u> , 19 <u>49</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. J. Delah</u>		23b. ADDRESS <u>1210 Oak, Cluden MO</u>		23c. DATE SIGNED <u>3-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. J. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 7 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

R. L. Lisle

Signed _____
Student Embalmer

Licensed Embalmer No. *423*

P. O. Address _____

Independence

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.