

FILED FEB 11 1942

Registration District No. 277

Primary Registration District No. 1002

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 3238 Holmes /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3238 Holmes (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Guy Henry Ewing

3. (b) If veteran, name war No

3. (c) Social Security No. 186-09-5931

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Ewing 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased September 15 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Auto Mechanic
11. Industry or business Eisen Auto Sales

12. Name Wm. Ewing
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sadie Boylan
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Ewing
(b) Address 3238 Holmes
17. (a) Burial (b) Date thereof 1-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 1/19/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
year 1942 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Jan 17, 1942
that I last saw him alive on Jan 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 9 hrs

Due to acute indigestion?

Due to gta

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? 2 means of injury 50
23. Signature J. Harry E. Schoen (M. D. or other)
Address 242 W. 13th Bldg. Kansas City Date signed 1-19-42

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

MC

Washby 189
ME 2715

DEC 7 1961

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..... *Cecil R. Mattheu*

Licensed Embalmer No. *3807*

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.