

**FILED** MAR 27 1946

Registration District No. 149

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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 25 years

3. (a) PRINT FULL NAME John Ewing

3. (b) If veteran, name war no  
3. (c) Social Security No. None

4. Sex Male 2 | 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Charlotte Ewing  
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 9, 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 5  
If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Daniel Ewing  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 3-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynchburg, Tenn.

18. (a) Signature of funeral director A. B. Moore

(b) Address 1820 E 14th St.

19. (a) 3-15-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 920 Central (Rear) 8  
(If rural, give location)  
(e) Citizen of foreign country? No 2  
(Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12,  
year 1946 hour 1: minute 40 A. M.

21. I hereby certify that I attended the deceased from March 11, 1946 to March 12, 1946

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature G. D. [Signature] (M. D. or other) 3/12/46  
Address General Hospital #2 Date signed \_\_\_\_\_

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

1010

---

---

**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 A.B. Moore.....

Licensed Embalmer No. 2410.....

P. O. Address 1870 E 18 st.....

**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.**