

FILED MAY 15 1948

Registrar's No. 1947

Registration District No. 49

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Wheeling
(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

Alan L. EWING

3. (b) If veteran, name war NW-II

3. (c) Social Security No. 487-14-9187

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie Ewing
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased May 26, 1915
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name W. R. Ewing

13. Birthplace --- Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Clara Wilson

15. Birthplace --- Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Ewing

(b) Address Wheeling, Missouri

17. (a) Removal (b) Date thereof 5-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling, Mo.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 5-6-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Bronchopneumonia
2 1/3 Degree Burns
2/3 Body Surface
Due to Electrical Shock.

Other conditions (replacing electrical poles)
(Include pregnancy within 3 months of death) past his farm

Major findings: Deputy Coroner
Of operations 193
Of autopsy History & Inspection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5/6/48
(c) Where did injury occur? Wheeling Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place)
(e) Means of injury Electrical
Signature A. G. Cooper (M. D. or other)
Address 2800 men Date 5/6/48

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

MOTHER FATHER

8
3
8

59
6
0
1

Duration
Underline the cause to which death should be charged statistically.

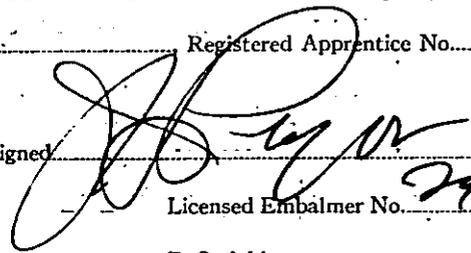
MAY 1 1948
FEB 14 1949

NOV 16 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.....

.....
Registered Apprentice No.....
working under my personal supervision.

Signed .....
Licensed Embalmer No. 2499.....
P. O. Address. KC.....

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.