

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34967  
State File No. 4712 4802  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>										
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3-1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Westport Rest Home, 3940 McGee</u>			3. STREET ADDRESS (If rural, give location) <u>438 West 58th Terr.</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>L.</u> c. (Last) <u>EWING</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>27</u> (Year) <u>1952</u>												
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> ✓	8. DATE OF BIRTH <u>August 17, 1875</u>	9. AGE (In years last birthday) <u>77</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td></td> <td></td> <td>Mins.</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR	Months	Days	Hours			Mins.
# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR												
Months	Days	Hours												
		Mins.												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matron of Iowa Children's Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>James J. Ewing</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Aldensworth</u>		14. NAME OF HUSBAND OR WIFE										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS <u>Mrs. Edw. W. Althaver, 428 W. 58th Terr. KC</u>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from bowels</u></p> <p>ANTECEDENT CAUSES</p> <p>DUO TO (b) <u>Possible carcinoma of intestinal tract</u></p> <p>DUO TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemic, mitral lesion</u></p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u></p> <p><u>1531</u></p>									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from about <u>Aug., 1952</u> , to <u>Oct. 27</u> , 1952, that I last saw the deceased alive on <u>Oct. 27</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.														
23. SIGNATURE <u>James H. Graham</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>518 Argyle Bldg.</u>		23c. DATE SIGNED <u>10/27/52</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Glenwood, Iowa</u>											
DATE REC'D BY LOCAL REG. <u>10-28-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; MCCLURE, Kansas City, Mo.</u>											

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

Dr. J. W. Graham  
Avery B. Bell  
Ha 5676

Weight 4' 6 0

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**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.

Student .....  
Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 4763

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.