

FILED MAY 1 1953

STANDARD CERTIFICATE OF DEATH

State File No. **14159**
Registrar's No. **2009**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2009</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>About 30 yrs.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3268</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1408 Forest</u>				d. STREET ADDRESS (If rural, give location) <u>511 1408 Forest</u>							
3. NAME OF DECEASED (Type or Print) <u>RALPH</u>			a. (First)		b. (Middle)		c. (Last) <u>EWING</u>				
4. DATE OF DEATH <u>April 10, 1953</u>			4. DATE (Month) (Day) (Year)								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 8, 1887</u>		9. AGE (In years last birthday) <u>65</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotels</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dalton, Mo.</u>			12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Wilson Ewing</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Shepherd</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>496-09-8906</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Ewing - 351 Everett, Kansas City</u>				ADDRESS <u>Kan.</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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF RECTUM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC CONSTIPATION</u> DUE TO (c) <u>SECRETORY INT-EXT-HEMORRHOIDS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OBESITY</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 YRS.</u> <u>P</u> <u>P</u> <u>2 1/2 YRS</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) (m.)			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 <u>MARCH 15, 1949</u> , to <u>APRIL 10, 1953</u> , that I last saw the deceased alive <u>APRIL 10, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE: <u>E. F. Walls</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>1118 E. 12 ST. K.C. MO.</u>				23c. DATE SIGNED <u>4-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>4/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>4-15-53</u>			REGISTRAR'S SIGNATURE <u>Shelding Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Bills</u> ADDRESS <u>1212 Vine</u>				

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

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

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City

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.