

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

Form V. B. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 2360
Registrar's No. 372

Registration District No. 935 Primary Registration District No. 2360

1. PLACE OF DEATH:

(a) County McCracken Co

(b) City or town Paducah, Ky
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution: I.C.R.R. Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: 40 years or community 40 years
(Year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County McCracken

(c) City or town Paducah
(If outside city or town limits, write RURAL)

(d) Street No. Mayfield Rd.
(If rural give precinct)

(e) If foreign born, how long in U. S. A. 32 years

3(a) FULL NAME John Allison Ewitts

3(b) If veteran, Name war World War No. 1 No. 3(c) Social Security

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Catherine Shaeffer Ewitts

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Dec. 25 1887
(Month) (Day) (Year)

8. AGE: 55 Years Months 11 Days 7 If less than one day hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2, 1943 1943

21. I hereby certify that I attended the deceased from Nov 19, 1943 that I last saw him alive on Dec 2, 1943 and that death occurred on the date stated above at 8:20 P.M.

9. Birthplace Central City Ky

10. Usual occupation Retired

11. Industry or business I.C.R.R. Engineer

FATHER { 12. Name Zacariah Ewitts
13. Birthplace Kentucky

MOTHER { 14. Maiden name Ollie Brown
15. Birthplace Kentucky

Immediate cause of death Distress secondary to heart disease

Coronary thrombosis

Extremities

	DURATION
<u>Distress secondary to heart disease</u>	<u>5 yr</u>
<u>Coronary thrombosis</u>	<u>1 hr</u>
<u>Extremities</u>	<u>2 hr</u>

Other conditions _____ (Include pregnancy within 3 months of death)

16(a) Informant's own signature Mrs Catherine Ewitts

(b) Address Mayfield Rd.

17. BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Date 12-4-43 1943

18(a) Signature of funeral director Roth Funeral Chapel

(b) Address 433 Monroe Paducah, Ky

19(a) 12-3-43 (Date received by local registrar) (b) Mary K. Powell (Registrar's signature)

Major findings: 121-405

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident (Burn)

(b) Date of occurrence Nov. 19, 1943

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Palmer (M. D. or other)

Address Paducah, Ky Date signed 12-3-43