

OHIO DEPARTMENT OF HEALTH

Reg. Dist. No. 72

COLUMBUS

State File No. **35430**Primary Reg. Dist. No. 8032

CERTIFICATE OF DEATH

Registrar's No. 28

Department of Commerce — Bureau of the Census

1. PLACE OF DEATH:

(a) County Auglaize(b) Wapakoneta

(City, Village, Township)

(c) Name of hospital or institution:
#6 Logan St.

(If not in hospital or institution, write street No. or location)

(d) Length of stay: in hospital or institution _____

(Days)

In this community _____

(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County AuglaizeWapakoneta(c) City or village _____
(If outside city or village, write RURAL)(d) Street No. 6 Logan St.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? X _____ years.

3. FULL NAME

George L. Ewing(a) if veteran, name war X(b) Social Security No. X4. Sex M5. Color or race W6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Nelle Hunter 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 24 1873
(Month) (Day) (Year)8. AGE: Years 74 Months 1 Days 26 If less than one day _____ hr. _____ min.9. Birthplace Auglaize Co., Ohio.
(City, town, or county) (State or foreign country)10. Usual occupation Ball Player11. Industry or business Cincy Reds12. Name Edward Ewing13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Ivira Bidwell15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's signature Mrs. Nelle Ewing(b) Address Wapakoneta, Ohio.17. (a) Burial, cremation, or other; (b) Date June 25 1947
(Month) (Day) (Year)(c) Place New Hampshire, O.(d) W. C. Bookhart 1155
(Name of Embalmer) (Lic. No.)18. W. C. Bookhart 1934
(Signature of Funeral Director) (Lic. No.)(b) Address Wapakoneta, O.19. (a) 6-22-47 (b) Nelle Kohler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month June day 20
year 1947 hour 5 minute 45pm21. I hereby certify that I attended the deceased from June 1st, 1946, to June 20, 1947.that I last saw him alive on June 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of Rectum & Large Intestine

Duration

1 yrDue to ✓Due to ✓ 46 - 47

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Major findings of autopsy

Underline the cause to which death should be charged statistically.

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 Village) (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)

(e) How did injury occur? _____

23. Signature R. E. Hunter M.D.Address Wapakoneta Date signed 6/21/47