

REC'D SEP 13 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

27840

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1397 Registered No. 3151  
 (c) City Kansas City, Mo. (d) Street No. 143 South Kensington St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Jennie Bell Eavers 162  
 (a) Residence, No. 143 Kensington St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Eavers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 3 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mr. Henry Eavers  
143 So. Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Michael DATE 8-9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster  
918 Brooklyn Avenue, K. C. Mo.

20. FILED Aug 8, 38 M. M. Grover  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-38

22. I HEREBY CERTIFY, That I attended deceased from 7/16/38, 1938, to 8/6/38, 1938

I last saw her alive on 8/6 at 10 P.M., 1938. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Gastritis  
& Enteritis 120  
Date of onset

Other contributory causes of importance:

Acute Indigestion

Name of operation Date of

What test confirmed diagnosis General Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Dr. E. J. Aldrich, M. D. C.

(Address) 3531 Main St.  
Kansas City, Mo.

**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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address 918 Brooklyn

**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, above space should be left blank.**

130 P  
130 P