REC'D NOV 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35156
Do not use this space.

1. PLACE OF DEATH
(a) County: Buchanan
(b) Township: Washington,
(c) City: St. Joseph
Registration District No.:
Primary Registration District No.:
Registered No.: 1052
(d) Street No.: 1914 Doniphan Ave. 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: 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mrs. Eva May Evans
(a) Residence, No.: 1914 Doniphan Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
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: William E. Evans,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9, 1892

7. AGE: Years 46 | Months 7 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: Home
10. Date deceased last worked at this occupation (month and year): Unk
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty, Missouri

FATHER
13. NAME: William Beal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

MOTHER
15. MAIDEN NAME: Ella Stephenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Falls City, Neb

17. INFORMANT: William E. Evans
(ADDRESS): 1914 Doniphan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Oct. 24th, 38

19. FUNERAL DIRECTOR: FLEEMAN & SON, INC.
(ADDRESS): 1946 Calhoun St. Joseph, Mo.

20. FILED: Oct 24, 1938 W. Westbrook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938, to Oct 22, 1938
I last saw her alive on Oct 22, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the spleen	unknown
4 days	

Other contributory causes of importance:
Carcinoma of the Uterus with operation in 1926.

Name of operation: Hystrectomy Date of: 1926
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) H. F. Mundy, M. D.
(Address) 404 So. 3d St. St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

STATEMENT BY LICENSED EMBALMER

I, John E. Rupp, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)