

REC'D FEB 20 1939

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

1130

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan. Primary Registration District No. 1002 Registered No. 143
(c) City Kansas City (d) Street No. Mercy Hosp. 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

(a) Residence, No. 152 Jean Marie Evans St. Caldwell Co. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
15 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school girl
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 121

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

FATHER 13. NAME Charlie Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co. Mo.

MOTHER 15. MAIDEN NAME Elsie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hays Kansas

17. INFORMANT (ADDRESS) Chas. Evans Caldwell Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE, Public Cemetery DATE Jan 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nettie R. Houghman Hamilton Mo.

20. FILED Jan 12 1939 M. M. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1939 to Jan 12 1939

I last seen alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Generalized Peritonitis Date of onset

Other contributory causes of importance:

Ruptured Appendix

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) W. B. S. S. S., M. D.

(Address) 1316 B. B. Bldg.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.