NOV 14 1939

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

34984
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON — Registration District No. 399

(b) Township KAW — Primary Registration District No. 1002 — Registered No. 3959

(c) City KANSAS CITY — (d) Street No. ST. MARY'S HOSPITAL 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. NORA GANS EVANS

(a) Residence, No. 2925 PASEO 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: 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 DR ARTHUR A. EVANS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-31-1884

7. AGE: YEARS 54 — MONTHS 9 — DAYS 12 — 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.
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) ASHLAND MISSOURI 0

FATHER
13. NAME GEORGE A. GANS 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNIONTOWN PENNSYLVANIA 0

MOTHER
15. MAIDEN NAME LAURA RUSSELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTIVELLA MISSOURI

17. INFORMANT (ADDRESS) DR. ARTHUR A. EVANS 2925 PASEO

18. BURIAL, CREMATION, OR REMOVAL
PLACE COLUMBIA, MO. DATE OCTOBER-15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED Oct 15, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1939, to 12-12, 1939
I last saw her alive on 9-12, 1939. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset

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Other contributory causes of importance:
Chronic Bright's Disease

Name of operation — Date of
What test confirmed diagnosis? — 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) [signature] M. D.
(Address) Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-38 I X14028

410 Wright Hwy
1-5

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 H O Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address Kansas City Mo

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.