

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9831

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1265

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
26 East 57th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community about 48 yrs. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Eva L. Cecil 240  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife D. H. Cecil 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased July 31 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 22 hr. min.

9. Birthplace Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Robert Callaway  
13. Birthplace VA.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Patton  
15. Birthplace VA.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bryon Cecil

(b) Address 26 East 57th St., K. C., Mo.

17. (a) Cremation (b) Date thereof 3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Mch 22, 1940 M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 26 East 57th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. no. years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22,  
year 1940, hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from  
1-25, 1938, to 3-22, 1940  
that I last saw h. alive on 1-14, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cerebral arteriosclerosis  
& encephalomalacia  
and cerebral thrombosis  
Due to and cerebral thrombosis

Due to and cerebral thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 town) (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) Means of injury 1

23. Signature Eva Villalobos (M. D. or other)  
Address Plaza med Bedy Date signed 2-22-40

Duration

1 yr  
20 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Wilhelmy

12 Aug 21 1943

---

---

**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 *J. J. Allen*

Licensed Embalmer No. 1410

P. O. Address Y. C. 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.**