DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20985

Primary Registration District No. 1002

Registrar's No. 2602

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mo. 1 day. (Specify whether
In this community Same time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Bosworth
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. #2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Evelyn Gay Crose 620

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced --

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August (Month) 21 (Day) 1930 (Year)

8. AGE: Years 9 Months 10 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Bosworth, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Child 0

11. Industry or business 0

FATHER
12. Name Gilbert Crose
13. Birthplace Bosworth, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Wasy
15. Birthplace Bosworth, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gilbert Crose
(b) Address Bosworth, Mo.

17. (a) Bosworth (Burial, cremation, or removal) (b) Date thereof June 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Wharton Cem, Bosworth, Mo.

18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth, Mo.

19. (a) June 27, 1940 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1940 hour 9 minute 12 P. M.

21. I hereby certify that I attended the deceased from February 26, 1940, to June 27, 1940 that I last saw her alive on June 27, 1940, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Endocarditis.

Due to 22

Due to 20

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Rheumatic Endocarditis
S.A. Bacterial Endocarditis.
Of autopsy Acute pericarditis
T.B. lungs, Spleen & Kidneys

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N.B. Sodenberg (M. D. or other)
Address 1316 Prof Bldg Date signed June 27-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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24th Cherry

General Hospital

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.