

1-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

State File No.

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether)

In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **George F. Everett** **162**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Helena Everett**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Sept 1 1897**
(Month) (Day) (Year)

8. AGE: Years **42** Months **11** Days **—** If less than one day hr. min.

9. Birthplace **Pasadena Beaumont Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business **James Everett**

12. Name **Pasadena Penn.**

13. Birthplace **Mary Johnson**
(City, town, or county) (State or foreign country)

14. Maiden name **Pasadena Penn.**

15. Birthplace **Pasadena Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Everett**

(b) Address **2423 E 9th St**

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

(c) Place: burial or cremation **mt. St Marys Cemetery**

18. (a) Signature of funeral director **Wm. M. Brown**

(b) Address **K C Mo**

19. (a) **Aug. 2, 1940** (b) **M. M. Brown**
(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 limit write "RURAL")

(d) Street No. **2423 E. 9th St.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1st**
year **1940** hour **8** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **July 31st**, 19 **40** to **Aug. 1st 1940**, 19 **40**;
that I last saw h. **im.** alive on **August 1st, 1940**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Meningitis, non-epidemic**

Lobar pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **See above**

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)

(a) Means of Injury **!**

28. Signature **Wm. R. Thow** (M. D. or other) _____
Med. Dir. K.C. Gen. Hospital

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB -3 1942

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 Park Rowe
Licensed Embalmer No. 2347
P. O. Address K 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.