

SEP 5 1940
Registration District No. **399U**

Primary Registration District No. **1002**

Registrar's No. **3171**

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: 1109 Base **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days)

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. 1109 Base
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 8 7-40
year _____ hour _____ minute 5:42 A

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema
Due to: Hypertensive Myocarditis
Other conditions: GI
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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

3. (a) PRINT FULL NAME Anna Evans **152**

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 (Month) 25 (Day) 1882 (Year)

8. AGE: Years 58 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business at home

12. Name Louis Rhodes

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Anthony

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Evans

(b) Address 1628 Kansas and 19th

17. (a) Burial (b) Date thereof 8 12 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chambers, Mo.

18. (a) Signature of funeral director Miss J. W. Jones

(b) Address 440 State, King W. C. Co.

19. (a) Aug. 9, 1940 (b) Mon. Crowe
(Date received local registrar) (Registrar's signature)

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 5

23. Signature Russell Jones (M. D. or other) _____
Address _____ Date signed _____

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

Jerome M. Mansour

Licensed Embalmer No.

3994

P. O. Address

1120 E. 123rd

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, fact should be so stated above.