

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SEP 5 1940
1940
399

Registration District No.

Primary Registration District No.

Registrar's No.

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: **None -- 4104 Agnes** 2)
(If not in hospital or institution, write street number or location) **No**
(d) Length of stay: In hospital or institution **Two Years** (Specify whether years, months or days)
In this community **Two Years**

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. **4104 Agnes**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **No** years.

3. (a) PRINT FULL NAME **Mary Bell Evans** 152
3. (b) If veteran, name war ----- 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15**
year **1940** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **10-1-1938** to **8-15-1940**
and that death occurred on the date and hour stated above.
that I last saw him alive on **8-4-1940**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Zeb Evans** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 18 1845**
(Month) (Day) (Year)

Immediate cause of death **Death** Duration **2 hrs.**
2 coronary arteries
Due to **arteriosclerosis** **2 yrs**
Due to **Sensitivity**

8. AGE: Years Months Days If less than one day
94 8 27 hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Franklin Ohio**
(City, town, or county) (State or foreign country)

PHYSICIAN

10. Usual occupation **Housewife** **At Home**

MOTHER FATHER
12. Name **Jonathan LaBaw**
13. Birthplace **Mercer Co. New Jersey**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann**
15. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **ho**
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Ray Beuster**
(b) Address **4104 Agnes, Kansas City, Mo**
17. (a) **Removal** (b) Date thereof **8-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Ridge Mo**

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?

18. (a) Signature of funeral director **Shelly Funeral Home**
(b) Address **Green Ridge, Missouri**
19. (a) **Aug. 16, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. G. Sheldon** (M. D. or other) **1**
Address **222 - 101st** Date signed **8-17-40**

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.....

Licensed Embalmer No. *3426 Mo.*

P. O. Address *Kansas City, Kan.*

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.