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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34446

FILED NOV 12 1940

Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 3962

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 128 S Van Brunt Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Dr. Fred H. Evans, +

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Maude L. Evans

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 7th, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	6	hr. min.

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

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Chas. W. Evans
13. Birthplace ..... (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Mary Virginia Dunlap
15. Birthplace ..... (City, town, or county) W. Va. (State or foreign country)

16. (a) Informant Mrs. Maude L. Evans,
(b) Address 128 S Van Brunt Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cemetery

18. (a) Signature of funeral director C.H.Blackman & Son, Inc
(b) Address 2825 Indep. Blvd. K.C.Mo.

19. (a) 10-15-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 d
year 1940 hour 4 minute 25 A M.

21. I hereby certify that I attended the deceased from Sept 24th, 1940 to Oct 13, 1940;
that I last saw h... alive on Oct 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung R Middle Lobe

Due to ✓

Due to ✓

Other conditions
(Include pregnancy within 3 months of death) 47

Major findings:
Of operations ✓

Of autopsy Carcinoma as described

Duration: 6 months?

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 Paul F. Stookey (M.D. or other)
Address Argyle Bed Kansas City Mo Date signed Oct 14 1940

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 2 1942

Call St Marys and ask them which Dr. Signs certificate.

Dr P. J. Stookey Phn 5488
10 AM Inv. at mary.

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.