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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41618

State File No. _____
Registrar's No. 5011

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(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: 3321 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 7 months
years, months or days

2. USUAL RESIDENCE OF DECEASED: Polk
(a) State Missouri (b) County JACKSON
(c) City or town Humansville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Eva Jane Evans
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 30 day December
year 1940 hour _____ minute _____ M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: L. E. Evans 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 24, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25 1940 to Dec 30 1940
that I last saw her alive on Dec 30 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 0 Days 6 If less than one day
hr. _____ min.

Immediate cause of death: Carcinoma of Bladder
Due to _____
Due to _____

9. Birthplace Humansville, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name John N. Price
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Francis
15. Birthplace Humansville, Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Anna Frost
(b) Address 3321 Forest, K. C. Mo.
17. (a) removal (b) Date thereof 12-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Humansville, Mo.
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address North Kansas City, Mo.
19. (a) 12-31-40 (b) M. M. Brown
(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 _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold L. Posson

Licensed Embalmer No..... 3605

P. O. Address..... North Kansas City,

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

If this body is not embalmed, fact should be so stated above.