No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17448

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2110

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: at home 1264 W./71th Terr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 7 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1264 W. 71th Terr. 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs. Sarah Evenson
3. (b) If veteran, name war: XX
3. (c) Social Security No.: XX
4. Sex: Fe /
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July 28, 1852 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	10	1	____ hr. ____ min.

9. Birthplace: Norway 4 (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ____
FATHER
12. Name: Don't know
13. Birthplace: Norway 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Don't Know
15. Birthplace: Norway 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. J. S. Evenson
(b) Address: 1264 W. 71th Terr. K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Minneapolis, Minn.
18. (a) Signature of funeral director: R.V.LINDSEY & SONS
(b) Address: 3811 Broadway, K.C. Mo.
19. (a) May 30, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 29th
year: 1941 hour: 9:15 minute: P. M.
21. I hereby certify that I attended the deceased from Feb 13 - 1941 to May 29 - 1941; that I last saw her alive on May 29 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	6 mos
Due to Arteriosclerosis	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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: Carl H. Bryson (M. D.)
Address: 106 W 14th St. Date signed: 5/29/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Leon H. Stewart.....

Licensed Embalmer No.....4177.....

P. O. Address.....

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

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