No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1183

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 348

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-16-41-1-4-42 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2124 E. 18th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MOSE EVERHART

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) 1889 (Year)

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) 1 Texas (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 Unk. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 Unk. (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 1-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1942 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from December 16 1941, to January 4, 1942;
that I last saw him alive on January 4, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarct (post operative)

Due to Leg Amputation

Due to Arteriosclerotic gangrene

Other conditions (Include pregnancy within 3 months of death) 97

Major findings:
Of operations
Of autopsy

Duration

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? Means of injury 0

23. Signature G. O. Turner (M. D. ~~or other~~)
Address Sea. Hosp. #2-6006.22 Date signed 1-6-42

(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 Frank J. Monroe

Licensed Embalmer No. 3994

P. O. Address 2583 Highland

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.