No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5321

Registrar's No. 819

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 his home
(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: Many yrs.

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.: 2516 Charlotte
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 0

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3. (a) PRINT FULL NAME: CHARLES B. EVENS

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Rebekah Evans

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

7. Birth date of deceased: Aug (Month) 27 (Day) 1860 (Year)

8. AGE: Years 81 Months 5 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace: Atchison Co Kans (City, town, or county) (State or foreign country)

10. Usual occupation: Stationary Eng

11. Industry or business: ____

MOTHER FATHER
12. Name: Andrew Evans
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Mary Ebing
15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Evans
(b) Address: 2516 Charlotte KCMo

17. (a) Burial, cremation, or removal: removal (b) Date thereof: Feb 28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Kans

18. (a) Signature of funeral director: A. F. Wodsteniger
(b) Address: Bethel, Kansas

19. (a) 2/28/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 2-26-42
year ____ hour ____ minute 2 P.M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Confluent Bronchopneumonia

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): 107

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? ____ (e) Means of injury: ____

23. Signature: Russell Cutter (M. D. or other)
Address: KC Mo Date signed: ____

(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 P. G. Theisen

Licensed Embalmer No. 2361

P. O. Address 2513 Holmes St

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, fact should be so stated above.