

FILED MAR 9 1942
Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 437

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:
3125 Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME Joseph L. Evans

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

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sadie Evans

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 17th 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>13</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name David Evans

{ 13. Birthplace Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Everly

{ 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Evans

(b) Address 3125 Grand, Kansas City, Mo.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 2-1-42
(Month) (Day) (Year)

(c) Place: burial or cremation Lebo, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7/1/42
(Date received local registrar)

(b) M. M. Crowe
(Registrar's signature)

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. 3125 Grand
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1942 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov - 20 - 41
to Jan - 30 - 42

that I last saw him alive on Nov 20
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of the right foot

Due to arteriosclerosis - several cerebral hemorrhages

Due to complicated paralyzed - speechless - incoherent

Other conditions Has been a charge of nurses several years -

Major findings: Completely helpless

Of operations no

Of autopsy no

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) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? X (Specify type of place)
(e) Means of injury X

23. Signature N.C. Speer (M. D. or other)

Address 3204 Coleman Ke. Date signed 1-31-42

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

Dr. Speer

602 Pennsylvania

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.....

Licensed Embalmer No. 1415

P. O. Address N. W. Mo.

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

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