

FILED MAR 9 1942 99

Registration District No.

Primary Registration District No. 1002

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

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
In this community 82 years
(Specify whether years, months or days)

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. Hyde Park Hotel, 36 & Broadway
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVA C. FINDLAY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward C. Findlay 6. (c) Age of husband or wife if alive, years 15 1859
7. Birth date of deceased August (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER { 12. Name John Evans
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hanley
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm H. Doerr
(b) Address Hyde Park Hotel, 36 & Broadway

17. (a) Burial (b) Date thereof Feb. 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys K.C. Mo.

18. (a) Signature of funeral director State Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 2/11/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 10
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 1935, to 2/10, 1942
that I last saw her alive on 2/10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal tubercia Duration
from generalized carcinomatosis 2 yrs.

Due to Capillary cystadenoma
of ovary
Due to 1/10

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

Major findings: Of operations

Of autopsy generalized carcinomatosis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Chas. White (M. D. or other) M.D.
Address 1107 Bryant Bldg. Date signed 2/11/42

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 Jimmy S. Huckshorn
Licensed Embalmer No. 4092
P. O. Address Kansas City, Kansas

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.