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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5554

State File No. 10948

Registrar's No. 67

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

48
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1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Blue Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laffoon Nursing Home, 43rd and Blue Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Weeks
In this community: 5 Years 4 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 048
(c) City or town: Kansas City 3 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 3946 Indiana
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Kate Evans

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

3. (c) Social Security No.: None

4. Sex: Fe. 1

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Frank

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

7. Birth date of deceased: March 10, 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	27	hr. min.

9. Birthplace: Corydon Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Homemaker

11. Industry or business:

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

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

16. (a) Informant: Mrs. F. D. Lewis 1
(b) Address: 3946 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Sumner Mo.

18. (a) Signature of funeral director: C. H. BLACKMAN & SON, INC.
(b) Address: Kansas City, Mo

19. (a) 3-7-1942 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 21 1942 to Mar 7 1942
that I last saw her alive on Mar 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Secondary Cerebritis	Duration 10 da
Due to: Chronic Nephritis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 131	

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: F. L. Laffoon (M. D. or other)
Address: Raytown Mo Date signed: 3-7-42

1163 (Licensed Embalmer's Statement on Reverse Side)

APR 10 1942

APR 10 1942

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 B N Blackburn

Licensed Embalmer No. 2247

P. O. Address.....

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.