

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2195

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

48
3
8

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 25 yrs.

3. (a) PRINT FULL NAME Evelyn Morris

3. (b) If veteran, name war 1

3. (c) Social Security No. -

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas H. May 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May 15 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired H. W. P.

12. Name Simon Robusark

13. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sara Zinich

15. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Morris

(b) Address 7706 Indiana K.C.

17. (a) Burial (b) Date thereof 6-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo.

18. (a) Signature of funeral director Mrs. G. Plumb, Son

(b) Address Blue Springs Mo.

19. (a) 6-3-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7706 Indiana
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 3rd
year 1942 hour 7:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 5-29-42, 19 to 6-3-42, 19
that I last saw her alive on 6-3-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to 95c

Due to _____

Other conditions 95c
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy None

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. R. Thom (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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.....

R. B. Webb

Licensed Embalmer No.....

2303

P. O. Address.....

Blue Springs, 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.