S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1942

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29433

Registrar's No. 3373

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. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 29 days (Specify whether

In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2 8
(If outside city or town limits, write "RURAL")

(d) Street No. 6216 Swope Parkway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Evelyn M. Hardwick

3. (b) If veteran, name war xx

3. (c) Social Security No. No

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife C. H. Hardwick

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April (Month) 11 (Day) ~~1904~~ 1903 (Year)

8. AGE: Years 39 ~~38~~ Months 5 Days 3 If less than one day hr. min.

9. Birthplace Audubon County (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Carl M. Jensen
13. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

16. (a) Informant C. H. Hardwick
(b) Address 6216 Swope Parkway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oakfield, Iowa

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 9-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1942 hour 2: minute 25 A M.

21. I hereby certify that I attended the deceased from ..., 19.. to Sept 14, 1942
that I last saw her alive on Sept 14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchi-Pneumonia	48 hrs.
Due to: Malignancy Metastases	4 mos
Due to: Carcinoma of Cervix	
Other conditions (Include pregnancy within 3 months of death) 48 a	

Major findings:
Of operations Biopsy - grade III mixing of Cervix.
Of autopsy None

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 Ralph R. Wilson (M. D. or other) M.D.
Address 231 W 47 K.C. Mo. Date signed 9/14/42

361 (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 A R Haemschild

Licensed Embalmer No. 4159

P. O. Address K. C. 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.