

REC'D DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4622

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:
3344 The Paseo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... Lifetime
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. 3344 The Paseo
(If rural, give location)
 (e) Citizen of foreign country None (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME

Mr. William Allen Bevis

(b) If veteran, name war..... None

(c) Social Security No. None

4. Sex Male
 5. Color or race White

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

(b) Name of husband or wife Mrs. Pearl Bevis

(c) Age of husband or wife if alive --- years
25 1875

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

8. AGE: Years Months Days If less than one day
67 6 16 hr. min.

9. Birthplace Hamilton County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Cabinet Maker

11. Industry or business For Self

12. Name Samuel S. Bevis

13. Birthplace Hamilton County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Katherine H. Brown

15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie M. Hodges

(b) Address 3344 The Paseo

17. (a) Burial (b) Date thereof Dec. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcorn, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-12-42 (b) M. W. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
 year 1942 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct - 21 1942 to Dec 10 1942
 that I last saw him alive on Dec 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of heart - sudden
 Duration Sudden

Due to Myocarditis chronic May month
& arteriosclerosis June

Due to Progressive heart failure

Other conditions (Include pregnancy within 3 months of death)

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?

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature A. W. Davis, M.D. (M. D. or other)
 Address 602 Withman Bldg Date signed 12-11-42

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

MOTHER FATHER

361

Dr. O. H. Kla
Northman
31 st & Le
3-5

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.....

C. Hervey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address..... *B. 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.