

S. No. 2  
M-5-42  
7. 5-17-39  
P1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39668

State File No. ....

FILED JAN 11 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4924

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 MARY'S HOSPITAL  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 7 Weeks  
In this community 41 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State KANSAS (b) County WYANDOTTE  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1208 REYNOLDS  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME FRANK P. EVERARD  
3. (b) If veteran, name war NO  
3. (c) Social Security No. 709-12-8669

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DECEMBER day 30  
year 1942 hour — minute — M.

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JOHANNA EVERARD  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased March 17 - 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-17 1942 to 12-30 1942  
that I last saw him alive on 12-30 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>13</u>	hr. <u>—</u> min. <u>—</u>

Immediate cause of death Syphilitic Heart Disease  
Aortic Insufficiency  
Due to —  
Due to 30 Y

9. Birthplace HIAWATHA KANSAS  
(City, town, or county) (State or foreign country)  
10. Usual occupation CAR INSPECTOR  
11. Industry or business MO. PAC. R.R.

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations —  
Of autopsy —  
Duration —  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name JAMES EVERARD  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name ELLEN CULL  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna EVERARD  
(b) Address 1208 REYNOLDS K.C.K.  
17. (a) BURIAL (b) Date thereof 1-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT CALVARY  
18. (a) Signature of funeral director Arthur Butler  
(b) Address 22 S. 18th K.C.K.  
19. (a) Dec 31 1942 (b) M. M. Coome  
(Date received local registrar) (Registrar's signature)

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 — (M.D. or other) M.D.  
Address — Date signed 1/4/48

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(Licensed Embalmer's Statement on Reverse Side)

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

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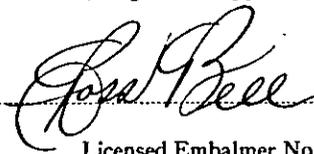
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. Mo. 3426

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.**