

FILED FEB 10 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
5110 Baltimore Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **73 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If rural, give location)
 (d) Street No. **5110 Baltimore Avenue**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-**

3. (a) PRINT FULL NAME **Mrs. Ida Evans**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **23rd**
 year **1943** hour **8** minute **P.** M.

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife **Mr. Richard**
 6. (c) Age of husband or wife if alive **-** years
 7. Birth date of deceased **July 6 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 19 1943** to **Jan 23 1943**
 that I last saw her alive on **Jan 21 1943**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	6	17	hr. min.

Immediate cause of death **Coronary thrombosis**
irreversible infarction
 Due to **94a**

9. Birthplace **Memphis Tennessee**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

Other conditions **(Include pregnancy within 3 months of death)**
 Due to **94a**

MOTHER FATHER }
 11. Industry or business **-**
 12. Name **Charles B. Norris**
 13. Birthplace **Paris Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Martha Ann Barnett**
 15. Birthplace **Lynchburg Virginia**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations **-**
 Of autopsy **-**
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Geo J Evans**
 (b) Address **5110 Baltimore Avenue**
 17. (a) **Burial** (b) Date thereof **Jan 25 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill Cemetery**
 18. (a) Signature of funeral director **O. H. Newcomer Sons**
 (b) Address **1401 Brush Creek Blvd.**
 19. (a) **1-25-43** (b) **M. M. Crowe**
(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 **Delia Williams** (M.D. or other)
 Address **806 Prof Bldg** Date signed **1/27/43**

Professional B
1252 Stratford Road

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..... *KC 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.