

Registration District No. **6 18249**
SPRING DAVID

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:
1 Hr. Gen. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edward E. Evans Evans**

3. (b) If veteran, name war **No** **3. (c) Social Security No.** **493 14 8223**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Lena Evans** **6. (c) Age of husband or wife if alive** **48** years

7. Birth date of deceased **Sept 24 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	7	2	hr. min.

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business

12. Name **Charles Evans**

13. Birthplace **No Record** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lena Evans**

(b) Address **5908 Spruce**

17. (a) Burial **(b) Date thereof** **Apr 30 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Mrs. C.L. Forster**

18. (a) Signature of funeral director **918 Brooklyn**

(b) Address

19. (a) 4-28-43 **(b) M. M. Brown**
(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** **2**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. **5908 Spruce**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1943** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **19** to **19**;
that I last saw h. **Deputy Coroner** **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Injury by fall - Skull fracture - Sub-dural hematoma**
Due to: **Skull fracture - Sub-dural hematoma**

Other conditions: **1862**
(Include pregnancy within 3 months of death)

Major findings: **18**
Of operations

Of autopsy: **See Above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 129**

(b) Date of occurrence **April 26 1943**

(c) Where did injury occur? **Kansas City Jackson Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home

While at work? **Yes** (Specify type of place) **Trauma**

23. Signature **M. E. Hooper** **M. D. or other**

Address **2312 ME Coy** Date signed **4/26/43**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

P. O. Address.....

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.