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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 13 1943

Registration District No. 10

Primary Registration District No. 5572

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural, Highway 50 - Colburn Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days) 33 years

3. (a) PRINT FULL NAME Arthur C. Everham

3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jane Thompson Everham 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 13 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Director

11. Industry or business Public Works

12. Name Charles B. Cassity

13. Birthplace Nova Scotia
(City, town, or county) (State or foreign country)

14. Maiden name Barbara McKay

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

16. (a) Informant Mrs. Jane Thompson Everham

(b) Address 5512 Central, Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClura

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) July 24, 1943 (b) F.M. Schiele
(Date received local registrar) (Registrar's signature)

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. 5512 Central
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1943 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from July 22 1943
that I last saw him alive on July 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
Due to Auto Trauma

Other conditions (Include pregnancy within 3 months of death) 1700-8
Major findings: Of operations 22
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 048
(b) Date of occurrence July 22, 1943
(c) Where did injury occur? Highway 50 Jackson Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place?

While at work? No (Specify type of place) (e) Means of injury Auto Trauma
23. Signature H. E. Cooper (M. D. or other) M.D.
Address 232 Mc Coy Date signed 7/23/43

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

MOTHER FATHER

JAN 4 1944

DEC 17 1943

DEC 25 1943

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 *J. E. Hopper*
Licensed Embalmer No. *4629*
P. O. Address *R. E. Hopper*

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.