

V. S. No. 2  
100M-2-43  
Re 5-17-39  
X35957

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27486

State File No. \_\_\_\_\_

Registrar's No. 3604

**FILED AUG 27 1943**

149

1002

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Jackson, Mo.  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3918 Charlotte Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since April 1st  
(Specify whether  
In this community 50 years,  
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. 3918 Charlotte Street,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT William Coleman Tevis  
FULL NAME

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Lavinia A. Tevis 6. (c) Age of husband or wife if alive, dec. years  
7. Birth date of deceased June 8 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 2 11 hr. min.

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

10. Usual occupation Retired

11. Industry or business Accounting

12. Name Tevis,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. L. Marini Tav Storm,

(b) Address 4502 Fairmount, Kansas City, Mo.

17. (a) Cremation, (b) Date thereof 8-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elrwood Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-20-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th  
year 1943 P. hour 12:50 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1 - Cerebral hemorrhage  
2 - Arteriosclerosis old  
Due to 3 - Coronary thrombosis old  
4 - Arteriosclerosis neglecta  
Due to 1310

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

Duration  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature P. E. Brown (M. D. or other)  
Address 127 Ridge Date signed \_\_\_\_\_

361

(Licensed Embalmer's Statement on Reverse Side)

8/19/43

83.6  
O. F. [unclear]

Dr. W. K. Trimble

VI 6087

120 To H 130

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.**