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FILED APR 26 1944
Registration District No. 146

Primary Registration District No. 5568

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1400 HEDGES
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 YEARS
In this community 15 YEARS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MRS. ELLEN MARTHA EVANS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. 6. (c) Age of husband or wife if alive 1864 years
7. Birth date of deceased APRIL 19 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>19</u>	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name JOHN S. BAKER
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA M. BAKER
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JAMES W. EVANS
(b) Address 1400 HEDGES

17. (a) BURIAL (b) Date thereof MAR-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3/8/1944 (b) James W. Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town INDEPENDENCE Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 HEDGES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8TH
year 1944 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan 30, 1944
to MARCH 8, 1944
that I last saw her alive on February 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Paralysis
Duration Dec 1941

Due to 308

Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy No autopsy
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) (e) Means of injury

23. Signature G. H. Allen (M. D. or other) MD
Address Independence, Missouri Date signed 3/8/44

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

SPS 1st Annual Conference
Independence, Mo.
2-6
Cincinnati

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 Emile W. Colburn
Licensed Embalmer No. 3506
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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 68

Registration District No. 146 Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Intercity District
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1400 Wedges Blue Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 yrs
years, months or days

3. (a) PRINT FULL NAME Ellen Martha Evans

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1918
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) James W. Ross (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I examined the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

14820