

FILED JUN 22 1944

State File No. 14706

2408

Registration District No. 17

Primary Registration District No. 1002

Registrar's No.

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: 2402 E. 12th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 wks! (Specify whether years, months or days)  
In this community 2 wks!

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City 48  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 2402 E. 12th St  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME HAZEL EVANS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 3. 5. Color or race col. 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 4 1937  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Mathew Evans

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

14. Maiden name Mathammed Sady

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

16. (a) Informant Marnie Evans

(b) Address 2402 E. 12th St

17. (a) Burial (b) Date thereof 6-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director H.B. Johnson

(b) Address 1620 E. 18th St

19. (a) 6-6-44 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1944 hour 4:25 minute a. M.

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

Immediate cause of death \_\_\_\_\_

Due to Ante Traumatism  
Fracture of Skull

Due to Hit by truck

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1700-8

Of autopsy see above

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) Acc 123

(b) Date of occurrence 6-3-44

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

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

While at work? no (Specify type of place) (e) Means of injury Trauma

23. Signature F.P. Richardson (M. D. or other)

Address 1832 Vine Date signed 6-6-44

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

MOTHER FATHER

*[Faint handwritten text]*

*[Faint handwritten text]*

**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 *HB Moon*

Licensed Embalmer No. *2440*

P. O. Address *1820 E 18th*

**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.**