

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

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37823

FILED JUL 15 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2747

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:
1619 ELMWOOD AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 WEEKS 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State CALIFORNIA (b) County LOS ANGELES
(c) City or town LOS ANGELES
(If outside city or town limits, write "RURAL")
(d) Street No. 1045 WEST 83RD STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ANNIE EVERMAN

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. SAMUEL J. EVERMAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DECEMBER 9 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace SALINE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name ALBERT M^E ALLISTER
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MAHALA ROBERTS
15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. C. L. COULTER
(b) Address 1619 ELMWOOD AVENUE

17. (a) REMOVAL (b) Date thereof JUNE 2 1944
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation INGLEWOOD PARK CEMETERY LOS ANGELES, CALIFORNIA

18. (a) Signature of funeral director R. K. Newcome's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-1-44 (b) T. E. Brown (123)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1ST year 1944 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from June 21, 1944 to July 1, 1944
that I last saw him alive on June 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 hrs

Due to Arterio-sclerosis

Due to _____

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

Major findings: Of operations None Of autopsy None
PHYSICIAN gka
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 Harold Jones (M. D. or other) _____
Address Harvard City Mo Date signed 7-1-44

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..... *R. C. Newcomer, Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *R. C. No.*

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.