V. S. No. 2
00M—8-43
Rev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26939

Registrar's No. 3450

48
3
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town 2935 Lockridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 2935 Lockridge KC Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town KC Mo 49
(If outside city or town limits, write "RURAL")
(d) Street No. 2935 Lockridge
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Wm Evans North

3. (b) If veteran, name war WWO

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Mar 1st (Month) (Day) 1862 (Year)

8. AGE: Years 82 Months 5 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Albert North
13. Birthplace N. Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Armenda Evans
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Matilda North
(b) Address 2935 Lockridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. R. Foster
(b) Address 918-920 Brooklyn

19. (a) 8-22-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from May 13, 1944, to Aug 21, 1944, that I last saw him alive on Aug 1, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart disease	—
Due to Arterio-sclerosis	—
Due to	
Other conditions Senility (Include pregnancy within 3 months of death) 93d	

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 Robert Jameson (M. D. or other) MD
Address 2220 E 81st St Date signed Aug 21 1944

361 (Licensed Embalmer's Statement on Reverse Side)

3th + ~~[illegible]~~ park
ph Li 1818
Home ph Li 2816
2:00

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 Wm K. Jackson

Licensed Embalmer No. 3954

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.