

FILED OCT 29 1944
1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4222

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

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:
3510 Warwick
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3510 Warwick
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVANS, FRANCIS M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th
year 1944 hour 5:10 minute P. M.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, divorced, or married married

6. (b) Name of husband or wife Mrs. Louise Evans 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased FEB. 22, 1856
(Month) (Day) (Year)

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

Signature Deputy Coroner

8. AGE: Years 88 Months 7 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to _____

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

10. Usual occupation Spe. Sgt.

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy Inspection

MOTHER FATHER

12. Name Unknown

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

14. Maiden name _____

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

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? _____

16. (a) Informant Mrs. Louise Evans

(b) Address 436 E. White Reno

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-44
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director S. G. BARTH

(b) Address R. C. 778

19. (a) 10-21-44 (Date received local registrar) (b) Blackman Funeral Home (Registrar's name) 7-C Brown (Address)

While at work? _____ (Specify type of place)

Mean of injury None

Signature A. E. Washer (M. D. or other)

Address 23 McCoy Date 10/20/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.