

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34420

FILED NOV 10 1944

Registration District No. 177

Primary Registration District No. 5569

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas-City Rural Precinct
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5920 Eastwood Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 5920 Eastwood Drive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Eva Lee Johns Williams

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife N.G. Williams (Deceased) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 27th 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Mt Sterling Kentucky
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Home

11. Industry or business

12. Name J.L. Johns

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

14. Maiden name Jane Stephens

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

16. (a) Informant Mrs H.C Finch

(b) Address 5920 Eastwood Drive

17. (a) Burial (b) Date thereof Oct 16th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 10-14-44 (b) Mildred Garvin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from August 2, 1944 to Oct. 13, 1944
that I last saw her alive on Oct. 12th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
arterial embolism

Due to arterial embolism ?

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

Major findings: sterility
- Of operations 73d

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

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) (c) Means of injury

23. Signature W. W. Harrell (M. D. or other) DO
Address 406 W. Northman Date signed 10-14-44

1159

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

8000

Dr. V. W. Harned
Wirthman Bg
Phone LO 1207

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.....

Elmer E. Heck

Licensed Embalmer No.....

4063

P. O. Address.....

1800 Linwood Blvd

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.