

S. No. 2
OM-5-43
v. 5-17-39
I X36671

35694

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 9 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4813

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:
2734 TROOST AVENUE - APT #204
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 45 YEARS 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2734 TROOST AVENUE - APT #204
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. HARRY RICHARD EVANS

3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. 496-01-7314

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. DOROTHY EVANS
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased SEPTEMBER 30 - 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation SALESMAN +

11. Industry or business BROKER

MOTHER FATHER

12. Name DANIEL RICHARD EVANS

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

14. Maiden name ELIZABETH LIGHT

15. Birthplace MARTINSBURG WEST VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Evans

(b) Address 2734 Troost Avenue

17. (a) BURIAL (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomers Son

(b) Address 1401 BRUSH GREEN BLVD

19. (a) 11-29-44 (b) D. E. Burton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 28 7th
year 1944 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept. 5, 1944, to Nov 28, 1944.
that I last saw him alive on Nov 27, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
Chronic Bronchitis
Arthritis Deformans

Other conditions (Include pregnancy within 3 months of death)

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 E. H. Reiling (M. D. or other)
Address 311 Argyle Blvd Date signed 11/29-44

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

DEC 13 1944

JAN 10 1945

311
11-4-38
Original 1209

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 *Clarence Northey*
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.