

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 26 1945

Primary Registration District No. 1002.

Registrar's No. 107

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3307 Troost
(d) Length of stay: In hospital or institution 2 yrs!
In this community 2 yrs!
years, months or days

3. (a) PRINT FULL NAME Evelyn Cook
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Fe 1
5. Color or race blk
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased March 29 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 7
If less than one day hr. min.

9. Birthplace St. Clair Co. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation waitress

11. Industry or business

12. Name Forest Parker

13. Birthplace Mo. 11
(City, town, or county) (State or foreign country)

14. Maiden name Rosetta Dunham
15. Birthplace Henry Co. Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta M. Green Mother
(b) Address 3329 Troost

17. (a) ME Zion (b) Date thereof 1-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo.

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 918 Broadway

19. (a) 1-9-45 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City 48
(d) Street No. 3307 Troost 3
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 6
year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 18 1945 to Jan 6 1946
that I last saw her alive on Jan 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Tubercular Pneumonia; 3 days
Duration

Due to Pulmonary Tuberculosis 8 Mo.

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations 138
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work
23. Signature D. C. Brown
Address 3307 Troost, Appleton City Mo. 1-9-45

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

MOTHER FATHER

Dr. Thompson

Li 3831 3800 E-27

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 J. W. Herrick
Licensed Embalmer No. 3699
P. O. Address J. C. Moore

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.