

S. No. 2.
 FORM-2-43
 Rev. 5-17-39
 X35597

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1080

FILED FEB 6 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 308

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: Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hrs
(Specify whether years, months or days)
 In this community 28 years

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. 6429 Jefferson
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lester E. Evans
 (b) If veteran, name war no
 (c) Social Security No. 321-05-7159

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 19th
 year 1945 hour 5:00 minute 45 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Edna Evans
 (c) Age of husband or wife if alive 54 years

21. I hereby certify that I attended the deceased from Jan 16 1945 to Jan 19 1945
 that I last saw him alive on Jan 18 1945
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 18th 1890
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage
 Due to Cerebral Hemorrhage
 Duration 3 days

8. AGE: Years 54 Months 7 Days 1
 If less than one day hr. min.
 9. Birthplace: Walnut Grove Georgia
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis
Arterial Hypertension
 Duration 2 1/2 yrs

10. Usual occupation Electrical Engineer
 11. Industry or business General Electric Co.

Other conditions: None
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name John M Evans
 13. Birthplace Walnut Grove, Georgia
(City, town, or county) (State or foreign country)
 14. Maiden name Edna Harris
 15. Birthplace Walnut Grove Georgia
(City, town, or county) (State or foreign country)

Major findings: Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Edna Evans
 (b) Address 6429 Jefferson
 17. (a) Burial (b) Date thereof 1-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Moriah Cemetery
 18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.
 19. (a) 1-20-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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) Means of injury
 23. Signature T. E. Brown (M. D. or other) _____
 Address 924 Maple Blvd Date Jan 19 1945
Kansas City, Mo.

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

2-5-1933
L. E. Wedelir

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 C. Wedelir*

Licensed Embalmer No..... *3495*

P. O. Address..... *H. E. 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.