

S. No. 2
DM-543
v. 5-17-39
9-1 X36671

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

FILED APR 5 1945
Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City, Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether)
 In this community **22 years**
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. **1215 Forest**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Evelyn Buster**
3. (b) If veteran, name war **No.** **3. (c) Social Security** No. **No.**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, **2 divorced** **Widowed**
6. (b) Name of husband or wife **unknown** **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased **Nov. 16, 1904**
(Month) (Day) (Year)

| 8. AGE: | | Years | Months | Days | If less than one day |
|---------|--|-------|--------|------|----------------------|
| | | 40 | 4 | 8 | hr. min. |

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER

12. Name **James W. Johndow**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** **7**
15. Birthplace **Unknown** **7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy W. Johndow**

(b) Address **3128 Cypress Kansas City Mo.**

17. (a) Removal **(b) Date thereof** **Mar. 26-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kings Prairie Cem. Gester MO.**

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

(b) Address **1800 Linwood Blvd K.C. MO.**

19. (a) 3-24-45 **(b) 4**
(Date received from Registrar) (Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **24**
 year **45** hour **11** minute **40 a.m.**
21. I hereby certify that I attended the deceased from
March, 23, 1945, to March 24, 1945;
 that I last saw him alive on **March 24, 1945;**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**
 Duration _____

Due to _____

Due to _____

Other conditions **950**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (2) Means of injury

23. Signature **Clark W. Seely** **(M.D. or other)**
Ben. Hoop **Date signed** _____

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

Oliver E. Heck

Licensed Embalmer No.

4863

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.