

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8612**  
Registrar's No. **1062**

FILED MAR 24 1945

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **KANSAS CITY**

(c) Name of hospital or institution:  
**4229 WABASH AVENUE**

(d) Length of stay: In hospital or institution **35 YEARS**

In this community **35 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**

(d) Street No. **4229 WABASH AVENUE**

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MRS EVACE MARY TARP HARRADER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **48 7-05-26**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **VIRGIL P. HARRADER**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **NOVEMBER 28-1886**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **5th** 22 year **1945** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Feb. 8, 1945** to **Mch. 5, 1945**

that I last saw her alive on **Mch. 4, 1945** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>3</b>	<b>7</b>	

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension**

9. Birthplace **OMAHA NEBRASKA**

10. Usual occupation **SECRETARY**

11. Industry or business **DORR ENGINEERING CO**

12. Name **PATRICK TARP**

13. Birthplace **IRELAND**

14. Maiden name **NEULIE HUGHES**

15. Birthplace **ILLINOIS**

16. (a) Informant **VIRGIL P. HARRADER**

(b) Address **4229 WABASH AVENUE**

17. (a) **Burial** (b) Date thereof **March 8 45**

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **3-6-45** (b) **N. E. Brown**

Other conditions **830**

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) (e) Means of injury **○**

23. Signature **M. G. Ketrone** (M. D. or other)

Address **N. C. mo.** Date signed **3-5-45**

Dr. M. J. Henson  
Professional Bldg.

**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.....  
*Clasas Hordley*

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.**