V. S. No. 2
00M—5-43
ev. 5-17-39
Do I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12136

Primary Registration District No. 1002

Registrar's No. 1735

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:
3605 Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether
In this community 50 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. 3605 Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUCINDA C. EVANS

3. (b) If veteran, name war no

3. (c) Social Security No none

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Reuben L. Evans

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

7. Birth date of deceased August (Month) 31 (Day) 1854 (Year)

8. AGE: Years 90 | Months 7 | Days 12 | If less than one day 16 hr. min.

9. Birthplace Osborn, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Elijah E. Moore

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

MOTHER

14. Maiden name Elizabeth A. Stephens

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie F. Wylie

(b) Address 3605 Summit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 17 / 45 (Month) (Day) (Year)

(c) Place: burial or cremation Osborn, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd. Street

19. (a) 4-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17

year 1945 hour 1 3 minute a.m.

21. I hereby certify that I attended the deceased from June 1, 1945 to April 17, 1945

that I last saw her alive on April 16, 1945

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensating Heart	2 weeks
Due to: Chronic Myocarditis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93 D	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ed. Jr. E. Evans (M. D. or other) M. D.

Address 911 Waldheim Bldg. Date signed 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.