

FILED APR 28 1945

Registration District No. 43

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months 1 day
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 209 North 18th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Johnson Evans

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Lela Evans 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 7 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>14</u>	hr. min.

9. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Standard Oil Co.

12. Name James S. Evans

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

14. Maiden name Martha M. Maiza

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

16. (a) Informant Mrs. R. J. Evans

(b) Address 209 North 18th

17. (a) cremation (b) Date thereof 4/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial cremation Elmwood Cemetery K.C. Mo.

18. (a) Signature of funeral director Walter Bowman

(b) Address 319 So. 10th

19. (a) 4/24/45 (b) Helen J. Beckel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1945 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4-7-45
19 , to 4-21-45, 19 ;
that I last saw him alive on 4-21-45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock following Duration _____

Due to Surgery - Evisceration of portion of stomach + duodenum

Due to Bleeding duodenal ulcer - not malignant.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Ulcer in duodenum

Of operations _____

Of autopsy 1172

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) _____
(e) Means of injury _____

23. Signature Paul Jorgantz (M. D. or other) _____

Address St Joseph, Mo Date signed 4-23-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 8 1945

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.

MAY 2 1945

Signed Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address St. Joseph 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.