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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22910

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3028

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: K. C. 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 years, months or days)
In this community: Life

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.: 1310 Admiral Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Evans Infant
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 6 (Month) 14 (Day) 45 (Year)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER
12. Name: Tony [redacted] Juray Evans
13. Birthplace: [redacted] Okla. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Dorothy Lafaye Smith
15. Birthplace: Okla. (City, town, or county) (State or foreign country)
16. (a) Informant: H.R.L.
(b) Address: General Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Leeds
18. (a) Signature of funeral director: Wm. A. Lohmeyer
(b) Address: City Mortician
19. (a) 7-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1945 hour 1 minute 31 P.M.
21. I hereby certify that I attended the deceased from June 14, 1945, to June 15, 1945; that I last saw her alive on June 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PREMATURITY	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	

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: Clark W. Seely M.D. (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 6-16-45

(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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC 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.