

FILED NOV 27 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **33048**

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ohio Street-Inn Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 47**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1311 Lake Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) **PRINT FULL NAME** **Clyde E Evans**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Mrs. C. E. Evans** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **May 17, 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **14** If less than one day hr. min.

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

10. Usual occupation **State Supervisor Public Schools**

11. Industry or business **Kansas City District**

MOTHER FATHER { 12. Name **J.S. Evans**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Leta Evans**

(b) Address **Kansas City, Missouri**

17. (a) **Burial** (b) Date thereof **11-2-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City**

18. (a) Signature of funeral director **Culver-Underwood**

(b) Address **Butler, Missouri**

19. (a) **10-31-45** (b) **Buelve Rempton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**
year **1945** hour **10** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to _____

Other conditions _____
(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 **Oct-31/45**

(c) Where did injury occur? **Butler, Missouri**
(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 **John G Underwood** (M.D. or other) **Coroner**

Address **Butler Mo** Date signed **10-31-45**

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

MAR 8 1945

MAR 26 1945

MAR 18 1945

MAR 18 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.

Signed John L. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.