

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

33997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED OCT 23 1945
Registration District No. 154

Primary Registration District No. 5575

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Grandview
(c) Name of hospital or institution: _____
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Grandview 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mayme Maud Everhart
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 10
year 1945 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from Dec 20, 1944, to Sept 9, 1945
that I last saw her alive on Sept 9, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Aubrey L. Everhart
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 8, 1882 (Month) (Day) (Year)

Immediate cause of death
Cancer of bladder & rectum
Duration 1 year

8. AGE: Years 63 Months 7 Days 2 If less than one day hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 460

9. Birthplace Butler Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____

MOTHER FATHER
12. Name Mrs. Benefield
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Martha F. Bristow
15. Birthplace Selma Co. Mo. 0 (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Perkins
(b) Address Grandview, Mo.
17. (a) Burial (b) Date thereof Sept 12 '45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Selton, Mo.

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? _____

18. (a) Signature of funeral director E. H. Gump & Sons
(b) Address Grandview, Mo.
19. (a) 9/13/45 (b) Mrs. Annie G. Hedgas (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature: Gertrude M. Yee D.O.
Selton, Mo. Date signed: 9/12/45

1152

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1947

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..... *A. K. George*.....

Licensed Embalmer No. *3645*.....

P. O. Address..... *Grandview 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.