

No. 2  
4-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 20 1946

STANDARD CERTIFICATE OF DEATH

State File No. 20623

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
(Specify whether  
In this community 25 Years  
years, months or days)

3. (a) PRINT FULL NAME ALFRED NEWTON EVANS

3. (b) If veteran, name war ----- 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 Elizabeth J. Evans 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 14, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 4 hr. min.

9. Birthplace Hoyleton, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business

12. Name No Data

13. Birthplace No Data  
(City, town, or county) (State or foreign country)

14. Maiden name No Data

15. Birthplace No Data  
(City, town, or county) (State or foreign country)

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

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 5/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Poland Grabske

(b) Address Independence, Missouri

19. (a) May 22, 1946 (b) Chas. F. Grabske  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1501 West Linden Street 4  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18,  
year 1946 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4/4/39  
to May 18, 1946  
that I last saw him alive on May 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 10 d.

Due to Arterial Hypertension Years  
and Arteriosclerosis of  
Coronary Arteries Years

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations X 47  
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?

23. Signature Chas. F. Grabske (M. D. or other) 0  
Address 129 W. Lexington St. Date signed 5/20/46  
Independence, Missouri

354 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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..... *Poland Speaks*  
Licensed Embalmer No. *3604*  
P. O. Address..... *Indy, 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.**