

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. 27112  
3662  
Registrar's No. \_\_\_\_\_

**FILED** SEP 3 1946

Registration District No. 149 Primary Registration District No. 1002

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town J. C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2129 Highland 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON

(c) City or town J. C. Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2129 HIGHLAND  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRED EVANS

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased MAR 8 1887  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 18 year 1946 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19     to     , 19    ; (that I last saw him alive only and that death occurred on the date and hour stated above.)

**8. AGE:**

Years	Months	Days	If less than one day
<u>59</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Hypertensive Heart Disease

Due to \_\_\_\_\_

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

Due to Chronic Nephritis

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

10. Usual occupation TRUCK DRIVER

11. Industry or business (Municipal) LOS ANGELES, CALIF.

Major findings: 131 A

Of operations \_\_\_\_\_

Of autopsy No - Permit

**MOTHER**

12. Name JOHN EVANS

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

14. Maiden name LAURA JOHNSON

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

**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? \_\_\_\_\_

**FATHER**

16. (a) Informant Leona Booker (sister)

(b) Address 2129 HIGHLAND, KEMO

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Deputy - Car

23. Signature J. Williams (M. D. or other) \_\_\_\_\_

Address 2436 Brooklyn Date signed \_\_\_\_\_

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 8-24-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Kemo

18. (a) Signature of funeral director Flynn Greenstreet

(b) Address 1819 E. 15th Kemo

19. (a) 8-24-46 (Date received local registrar)

(b) Alradine Palmer (Registrar's signature)

8-22-46

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**