No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33675

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4270

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: Trinity Luthern Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-day (Specify whether
In this community ~~Lota~~ 33 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3814 East 11th. Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ~~Evalyn Macklin~~ Evalyn G. Macklin

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank Macklin

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

7. Birth date of deceased 9 (Month) 9 (Day) 1894 (Year)

8. AGE: Years 52 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Thomas Hart Gilmer

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

14. Maiden name Larishama Chism

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

16. (a) Informant Mrs Pearl Davis

(b) Address 3814 East 11th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Mrs C L Forster

(b) Address 918 Brooklyn

19. (a) 10-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Corr by Att Nov. 20 1946 Hallen Stotts

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th. year 1946 hour 5 a.m. minute M.

21. I hereby certify that I attended the deceased from 1938, 19, to 1946, 19; that I last saw her alive on Oct 8, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia with Pulmonary Oedema

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

X Of autopsy Bronchopneumonia

Duration 48 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 0

23. Signature John H Ogilvie MD (or other)

Address 730 Prof Bldg Date signed 10/9/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Ogilvie

Proff. Bldg.
Vic 3434

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. Dean Owens

Licensed Embalmer No. 4 2 80

P. O. Address. Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 4270

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of October, 1946, before me appears Mrs. Pearl Davis, who, upon her oath, states that the original record of ~~birth~~ death for Evalyn Macklin ~~born~~ died Oct. 9, 1946, in the State of Missouri, and which was filed at K.C., Mo. on 10-10, 1946, should be corrected as follows:

Item No. 3 should read Evalyn G. Macklin
Instead of " Macklin

Item No. 16 should read Mrs. Pearle Davis
Instead of " Pearl "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pearle Davis sister
Relationship.

3814 E. 11th St.
Present Address.

Subscribed and sworn to before me this 29th day of October, 1946.

My Commission expires ..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667

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