

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40568**
Registrar's No. **5488**

FILED JAN 13 1947

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution: **LAKESIDE HOSPITAL**
(d) Length of stay: In hospital or institution **8 DAYS**
In this community **40 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(d) Street No. **407 WEST 14th STREET**
(e) Citizen of foreign country? **NO**
If yes, name country **---**

3. (a) PRINT FULL NAME **CLARENCE E. EVANS**
(b) If veteran, name war **NO**
(c) Social Security No. **495-248334**
4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **---**
6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **OCTOBER 26 1874**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **DECEMBER** 29TH
year **1946** hour **12** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **12-18-46**
to **12-29** 19**46**
that I last saw him alive on **12-29** 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **2** Days **3**
If less than one day **---** hr. **---** min.

Immediate cause of death **HEART FAILURE**
Due to **HYPOSTATIC PNEUMONIA**
Due to **BRONCHIAL**
ARIPICULAR FIBRILLATION

9. Birthplace **INDEPENDENCE KANSAS**
10. Usual occupation **NIGHT MAN**
11. Industry or business **WAL TOWER BLDG.**
12. Name **FRANCIS M. EVANS**
13. Birthplace **LANESVILLE OHIO**
14. Maiden name **RUTH E. ROSE**
15. Birthplace **PERRY COUNTY OHIO**

Other conditions **---**
Major findings: Of operations **NONE**
Of autopsy **NONE**
PHYSICIAN **---**
Underline the cause to which death should be charged statistically.

16. (a) Informant **ELI ZAR EVANS**
(b) Address **RICHARDS MISSOURI**
17. (a) **BURIAL** (b) Date thereof **DEC 31 1946**
(c) Place: burial or cremation **RICHARDS, MISSOURI**
18. (a) Signature of funeral director **W. H. Newcomer**
(b) Address **1401 Brush Creek Blvd.**
19. (a) **12-31-46** (b) **Geraldine Holmes**

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? **---**
(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 **Shu Wolf** (M. D. or other) **DO**
Address **1114 Broadway** Date signed **12-30-46**

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K. C. Mo.

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

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