

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20921
Registrar's No. 2631

Registration District No. 197

Primary Registration District No. 1002

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

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:
2834 TROOST AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 YEARS
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. 2834 Troost Avenue 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MISS JENNIE EVANS

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex FEMALE 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 _____

7. Birth date of deceased: MAY 23 1876
(Month) (Day) (Year)

8. AGE: Years Months Days 71 0 23 If less than one day
hr. min

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

10. Usual occupation OPERATOR

11. Industry or business ROOMING HOUSE

MOTHER FATHER

12. Name UNKNOWN EVANS

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. MILDRED ROYCROFT

(b) Address 2834 TROOST AVENUE

17. (a) BURIAL (b) Date thereof JUNE 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-18-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15TH
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 11 1946 to June 15 1947
that I last saw her alive on June 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 7 days

Due to Cerebral hemorrhage 7 days

Due to Hypertension arteriosclerosis 7 days

Other condition congestive heart failure 1 year
(Include pregnancy within 3 months of death)

Major findings: 93 d

Of operations _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

Signature A. J. Spiller M.D. (M. D. or other)

Address Reg'd. 11 E. 110 Date signed 6-17-47

10380844
9:30.5
1929

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.....

John E. Braking....., Registered Apprentice No. *504*
working under my personal supervision.

Signed *E. Oscar Northey*.....

Licensed Embalmer No. *1769*.....

P. O. Address *Kansas City*.....

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.