. No. 2
—1/47
17-39

18
3
8

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8686

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 990

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8234 Cherry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME Thomas Evans

3. (b) If veteran, name war None

3. (c) Social Security No. 500-28-4460

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs Agnes Evans

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb 25 - 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Dayton, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper Std. Oil (Retired

11. Industry or business Standard Oil Co.

FATHER
12. Name No Record 9
13. Birthplace No Record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr E.C. Glitzke
(b) Address 1123 E. 77th St.

17. (a) Burial (b) Date thereof 3 2 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Calvary Cemetery

18. (a) Signature of funeral director Quirk + Tobin
(b) Address 20 W. Linwood

19. (a) 3-3-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th
year 1948 hour 12:45 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 2-27-48, 19..., to 2-29-48, 19...;
that I last saw him alive on 2-29-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death GENERAL PARESIS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of which death should be charged statistically.

30 15

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 Wm W. Hart (M. D. or other) MD
Med. Dir. K.C. Gen. Hospital K.C. Mo.
Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John J Conroy

Licensed Embalmer No. 4424

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.