No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

16314

State File No. .....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2374

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: St Lukes Hospital O
(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 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Liberty Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Da Maris Everett
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F
5. Color or race W
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 Feb 12 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days ~~23~~ 22 If less than one day ..... hr. ..... min.

9. Birthplace Meadville Mo O
(City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business Retired School Teacher
FATHER
12. Name Sylvester Everett
13. Birthplace Meadville Mo O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca James
15. Birthplace Meadville Mo O
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cora Hudson
(b) Address Bates City Mo
17. (a) Removal (b) Date thereof 6-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Meadville Mo
18. (a) Signature of funeral director Mrs G B Webb Son
(b) Address Blue Springs Mo
19. (a) 6-5-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from Pathologist to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial Infarction
Due to Coronary thrombosis
~~Due to~~ Cancer Bowel.
Encephalomalacia.
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations 46
Of autopsy Same

PHYSICIAN
Underline the cause of 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 .....
23. Signature C. C. [illegible] (M. D. ~~or other~~) O
Address St. Luke's Hospital Date signed 4 June 1948

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 Kenneth Rogers, Registered Apprentice No. 63, working under my personal supervision.

Signed R B Webb

Licensed-Embalmer-No. 2353

P. O. Address Blue Springs Mo

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.