

S. No. 30-47
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Rev. 5-17-39
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19456

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2460

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 921-E 14 St. 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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town K.C. 48
(If outside city or town limits, write "RURAL")

(d) Street No. 921-E 14 St. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELIZA EVANS.

3. (b) If veteran, name war no.

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10
year 1948 hour 3 minute 50-P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race NEURO 6. (a) Single, widowed, married, divorced MARRIED.

6. (b) Name of husband or wife James EVANS 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 9-28-1883
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure

Due to Hypertensive Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93rd

8. AGE: Years 65 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy No - Permit

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name George Martin

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

14. Maiden name HILTS Henderson

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

16. (a) Informant James Evans
(b) Address 921-E 14 St 14

17. (a) Removal (b) Date thereof 6-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly MO

18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Tracy AVE

19. (a) 6-12-48 (b) St. Eladine Palmer
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature Williams (M. D. or other) W.C.
Address 6636-Broadway Date signed 6-12-48

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

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.....

Licensed Embalmer No.....

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.