

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32879
4086
Registrar's No.

FILED NOV 4 1948
Registration District No. 199

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:
1906 E. 11th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)
In this community 27 years

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. 1906 E. 11th St.
(If rural, give location)
(e) Citizen of foreign country? NT (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Glover F. Evans

3. (b) If veteran name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie Evans 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April 12 - 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Newton Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Nathaniel Evans

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

14. Maiden name Charlotte Bingham

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

16. (a) Informant John F. Evans

(b) Address 15234 S. Buchanan

17. (a) Burial (b) Date thereof 11/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director G. W. Brown
(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 10-8-48 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1948 hour 10 minute 55 p.m.

21. I hereby certify that I attended the deceased from Jan. 15, 1948 to Sept. 29, 1948
that I last saw him alive on Sept. 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92-15

Major findings: Of operations

Of autopsy no

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) no

(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? 0

While at work? NT (Specify type of place) (e) Means of injury: G. W. BROWN

23. Signature G. W. Brown (M. D. or other) G. W. BROWN
Address 1705 E. 12th St. Date signed 10/8/48

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 E. Sterling Bells
Licensed Embalmer No. 3178
P. O. Address 1212 Vine Kansas City 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.