

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12386

State File No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1206	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 26 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		48 3 8 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1014 W. 63rd St.				d. STREET ADDRESS (If rural, give location) 1014 W. 63rd St.			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) B.		c. (Last) Everitt		4. DATE OF DEATH (Month) (Day) (Year) March 13 1949	
5. SEX Male ☒	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married ☒	8. DATE OF BIRTH May 14, 1878		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber		10b. KIND OF BUSINESS OR INDUSTRY Long Bell Co.		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Everitt		13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE Unknown		Ruth A. Everitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-07-6109		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth A. Everitt 1014 W. 63rd St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying; such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, left side ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arterio-sclerosis DUE TO (c) Natural developments with age 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X				INTERVAL BETWEEN ONSET AND DEATH About Jan. 1st.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from February 2, 1949, to March 13, 1949, that I last saw the deceased alive on March 9, 1949 and that death occurred at 3:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Marvin L. Billie (Degree or title) Marvin L. Billie, M.D.				23b. ADDRESS 411 Alameda Rd. K. C. Mo.		23c. DATE SIGNED 3/15/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-16-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure		ADDRESS Kansas City, Mo.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert A. Reed

Signed _____
Student Embalmer

Licensed Embalmer No. *3745*

P. O. Address _____

H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.