

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15848

2254

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1007		Registrar's No. _____			
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) 35 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		63			
d. FULL NAME OF HOSPITAL OR INSTITUTION 335 NORTH OAKLEY				d. STREET ADDRESS (If rural, give location) 335 NORTH OAKLEY					
3. NAME OF DECEASED (Type or Print) a. (First) RUBY b. (Middle) ORAL c. (Last) EVANS			4. DATE OF DEATH		4. DATE (Month) (Day) (Year) MAY 22 1949				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH FEB. 17, 1886			
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		9. AGE (In years last birthday) 63			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ROCKVILLE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME WILLIAM P. HENDERSON			13b. MOTHER'S MAIDEN NAME ANNIE LOUISE DANFORTH			14. NAME OF HUSBAND OR WIFE JESSE ORA EVANS			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME JESSE ORA EVANS		ADDRESS 335 No. OAKLEY			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation				DUE TO (b) Hypertensive Cardio-Vas. Disease				3 yrs. +	
ANTECEDENT CAUSES				DUE TO (c) 443X					
II. OTHER SIGNIFICANT CONDITIONS				Diabetes mellitus				3 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from MAY 16, 1949, to MAY 22, 1949, that I last saw the deceased alive on MAY 22, 1949, and that death occurred at 6:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE George K. Landis (Degree or title) George K. Landis, M.D.				23b. ADDRESS 1630 Professional Bldg.		23c. DATE SIGNED 5/23/49			
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE MAY 24 1949		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 5-24-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer		ADDRESS 1331 BRUSH CREEK ROAD KANSAS CITY, MO.			

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

1-5
SEP 20 1961

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward M. Stone

Signed.....
Student Embalmer

Licensed Embalmer No. *44520*

P. O. Address *K.I.C. 4 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.