

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15905
1810

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 304 SOUTH KENSINGTON AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 304 SOUTH KENSINGTON			

3. NAME OF DECEASED (Type or Print) EVELYN GERTRUDE HAMBLIN			4. DATE OF DEATH (Month) (Day) (Year) APRIL 24 1949		
a. (First)	b. (Middle)	c. (Last)	5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH OCTOBER 22, 1913	9. AGE (In years last birthday) 35	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HR. Hours	if UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALVER ERNEST RICE		13b. MOTHER'S MAIDEN NAME GERTRUDE SUMMERS	
14. NAME OF HUSBAND OR WIFE GEORGE MONROE HAMBLIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. 497-14-6976	
17. INFORMANT'S SIGNATURE OR NAME GEORGIE MONROE HAMBLIN		ADDRESS 304 S. KENSINGTON			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **Feb 1, 1948**, to **April 24, 1949**, that I last saw the deceased alive on **April 23, 1949**, and that death occurred at **6:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas S. Nelson (Degree or title) M.D.		23b. ADDRESS 3626 Woodgarden KC Mo		23c. DATE SIGNED 4-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 27 1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) IT. C. MO.		DATE REC'D BY LOCAL REG. 4-25-49		REGISTRAR'S SIGNATURE Sheldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK BL.		CITY KANSAS CITY, MO.	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Bernard J. Horan*

Licensed Embalmer No. *4250*

P. O. Address *NC No*

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.