

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19527  
2736

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 25 YRS.  
d. FULL NAME OF HOSPITAL OR INSTITUTION 2504 East 24th Terr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas City  
d. STREET ADDRESS 2504 East 24th St. Terr.

3. NAME OF DECEASED  
a. (First) Laura b. (Middle) Emily c. (Last) Evans

4. DATE OF DEATH (Month) (Day) (Year)  
6 22 49

5. SEX Female  
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 2 13 1871

9. AGE (In years last birthday) 78  
IF UNDER 1 YEAR: Months 4 Days 9  
IF UNDER 24 HRS. Hours 0 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Harrisonville, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred Father

13b. MOTHER'S MAIDEN NAME Elizabeth Johnson

13. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mattie Johnson, 2504 E 24th Terr.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Senility et Hypertensive heart condition  
ANTECEDENT CAUSES  
DUE TO (b) Age  
DUE TO (c) none  
II. OTHER SIGNIFICANT CONDITIONS-  
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH  
3 Months

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

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.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Kansas City, Jackson, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 443N

22. I hereby certify that I attended the deceased from 4/28/1949, to 6/2/1949, that I last saw the deceased alive on 6/2/1949, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE J. Haugh Sr. (Degree or title)

23b. ADDRESS 2200 East 18th

23c. DATE SIGNED 6/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/27/49

24c. NAME OF CEMETERY OR CREMATORY Bentonville ark

24d. LOCATION (City, town, or county) (State) Bentonville ark

DATE REC'D BY LOCAL REG. 6-24-49 REGISTRAR'S SIGNATURE Thereldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Braham Bros 2304 Main

(Licensed Embalmer's Statement on Reverse Side)

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

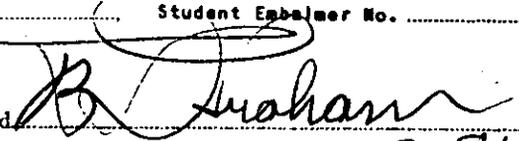
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 2370

P. O. Address 2304 Neil 2

**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.