MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19558

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo (No. 2929 Main St. Willows Ward)

2. FULL NAME Evangeline Buehring.
(a) Residence. No. 2929 Main St. Willows Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. 26 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	babe

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, — hrs. or — min.
	—	—	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — Schild
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Aline Buehring
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Minnesota

14. INFORMANT A. U. Kimsey R. N.
(Address) 2929 Main St

15. FILED 6/20, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1930

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1930, to June 17, 1930 that I last saw her alive on June 17, 1930, and that death occurred, on the date stated above, at 6.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Atelectasis (congenital)
161 ft
158
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) atrepsia
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

1136

6/18, 1930 (Signed) H L Dwyer, M. D.
(Address) 214 Med Arts Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Maple Hill	6-20, 1930

20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.