REC'D OCT 15 1938

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

31187
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Prairie
(c) City Kansas
Registration District No. 399
Primary Registration District No. 1002
Registered No. 3484
(d) Street No. General Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Banelli McEvoy
(a) Residence, No. 5415 Bonita St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF – Geo McEvoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1910

7. AGE: Years 27 | Months 10 | Days — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Tony Banelli
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Sena Signorella
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Joe Banelli 5413 Bonita

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary DATE Sept 6-38

19. FUNERAL DIRECTOR (NAME) Passantino Bros (ADDRESS) K C Mo

20. FILED Sept 8, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3-38

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury by fall	
Fracture of the skull	1860
Cerebral hemorrhage	

Other contributory causes of importance:
Bronchopneumonia

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... Was there an autopsy? ..... Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 3 1938
Where did injury occur? Harrisonville Mo.
(Give city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Do not know
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Byron Hunter, M. D.
(Address) Sun Hwy, Kansas Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.