

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

38292

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399
 (b) Township 1st | Primary Registration District No. 1007 Registered No. 4526
 (c) City Kansas City | (d) Street No. Research 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

(a) Residence, No. 4743 Bellevue St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mable Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30 - 1880</u>		
7. AGE <u>58</u>	YEARS <u>1</u>	MONTHS <u>20</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Electrical cont</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Electrical Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 18, 38</u>	11. Total time (years) spent in this occupation <u>24 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>		
FATHER	13. NAME <u>Thos. Evans</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>	
MOTHER	15. MAIDEN NAME <u>Rose Haldice</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mable Evans 4743 Bellevue</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Moriah</u> DATE <u>Nov 22 38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. N. New Comer's Son Brushcreek + Phaed</u>		
20. FILED <u>Nov 21, 19 38</u> <u>M. M. Levome</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 38

22. I HEREBY CERTIFY, That I attended deceased from 11-6-38, 1938, to 11-23, 1938
 I last saw h. 2 alive on 11-21, 1938 Death is said to have occurred on the date stated above, at 240 A m.

The principal cause of death and related causes of importance were as follows:

Pythedral Diverticulum sigmoid Abscess. Date of onset 6-8
previously

Other contributory causes of importance:

Multiple Abscess Liver. 24 hrs
Sub phrenic abscess. 17 mos
General peritonitis.
Terminal Bronch Pneumonia

Name of operation Drainage abscess Date of 11-12-38
 What test confirmed diagnosis? Sputum, autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) C. H. Hunt, M. D.
 (Address) 14. C. road.

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.

Chief Clerk
D 10343
130 430

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..... *Will Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

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, above space should be left blank.