

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35042
Do not use this space.

NOV 14 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 4017
 (c) City Kansas City (d) Street No. Research Hospital St.
 (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 Eva Bland Cartwright

(a) Residence, No. 449 E. Franklin Liberty Mo. (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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred S. Cartwright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Liberty, Missouri

13. NAME James A. Bland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Missouri

15. MAIDEN NAME Julia A. Sandusky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keene Kentucky

17. INFORMANT (ADDRESS) James S. Simrall Liberty, Mo.

18. BURIAL, CREMATION, OR REMAINS PLACE Liberty Mo DATE Oct 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hazel Carter Liberty Mo

20. FILED 10/20/39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20 1939

22. I HEREBY CERTIFY, That I attended deceased from June 16 1939, to October 20 1939
 I last saw her alive on October 20 1939. Death is said to have occurred on the date stated above, at 2:14 P.M.
 The principal cause of death and related causes of importance were as follows:

Atherosclerosis of Coronary Arteries
Myocardial infarct due to
Coronary occlusion

Date of onset years
June '39

Other contributory causes of importance:
Congestive heart failure 1939
acute + chronic pericarditis 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? E. K. G. 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) P. T. Bohan M. D.
 (Address) 315 Alameda Road
Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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 *A. J. Gardner Jr.*
Licensed Embalmer No. *3934*
P. O. Address *Liberty, Mo.*

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.