

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4241**

**REC'D DEC 11 1940**

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John & Belmont Ave  
Montgomery-Ward & Co. Bldg.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)  
 In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2519 Forest Avenue  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? ----- years.

8. (a) PRINT FULL NAME Mr. Ervin W. Evert

3. (b) If veteran, name war None 3. (c) Social Security No. 492-14-0256

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Minnie Rhea Evert 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased September 30 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>1</u>	<u>7</u>	hr. <u>-----</u> min. <u>-----</u>

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation The Painter Lawrence Paint

11. Industry or business Theodore Lawrence Dec. 0

12. Name Otto Evert

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Oetting

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Rhea Evert

(b) Address 2519 Forest

17. (a) Burial (b) Date thereof Nov. 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Missouri

18. (a) Signature of funeral director D. H. Newland

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-7-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
 year 1940 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from ----- to -----, 19-----;

that I last saw him alive on -----, 19-----;

and that he occurred on the date and hour stated above.

Immediate cause of death -----

Due to fracture of skull & rupture of spinal cord

fracture ribs (lateral) & lateral hemorrhage

fracture of pelvis & ruptured

pelvic hemorrhage

Major findings: Injury by fall 1860

Of autopsy Yes !!

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-6-40

(c) Where did injury occur? K. P. Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? Yes (Specify type of place) -----  
 (e) Means of injury 5

23. Signature Richard H. Evert (M. D. or other) Fall

Address K. P. Mo Date signed -----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K C 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.**