S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37789

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4387

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
518 Tullis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 18 yrs.
years, months or days)

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. 515 Wallace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Locia Matilda Evans

3. (b) If veteran, name war ----- 3. (c) Social Security No. ----

4. Sex Femal — 5. Color or race white — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward E. Evans — 6. (c) Age of husband or wife if alive App. 72 years

7. Birth date of deceased August 8, 1876 (Month) (Day) (Year)

8. AGE: Years 64 — Months 3 — Days 8 — If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Leonard A. Harper
13. Birthplace Woods Co. W. Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Lovell
15. Birthplace Woods Co. W. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Edward E. Evans
(b) Address 515 Wallace St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Missouri.

19. (a) 11-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1940 hour 7 PM minute 45 M.

21. I hereby certify that I attended the deceased from Sept. 2- ....., 1940 to Nov. 16, 1940;
that I last saw her alive on Nov. 16 -, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Carcinoma Rt Breast c̄ Metastasis —

Due to Death Immediately due To Bronchial Pneumonia.

Other conditions
(Include pregnancy within 3 months of death) 50

Major findings:
Of operations

Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul A G Johnson (M. D. or other)
Address 5400 Indep. Ave. Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Roland B. Sparks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.