

JAN 8 1941 399
Registration District No.

Primary Registration District No. 1002

4687

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

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. Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 36 Years

3. (a) PRINT FULL NAME Mrs. Eva Rue Paris
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Frank J. Paris 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased April 7 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name D. A. Clarke
 13. Birthplace Ontario, Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Annie Miller
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Paris
 (b) Address 4117 Michigan

17. (a) Cremation (b) Date thereof Dec 10
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer
 (b) Address 1401 Brish Creek Blvd

19. (a) 12-9-40 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limit, write "RURAL")
 (d) Street No. 4117 Michigan Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 8th
 year 1940 hour 11 minute 50 A. M.
 21. I hereby certify that I attended the deceased from Dec 5
1940, to Dec 8, 1940,
 that I last saw her alive on Dec 8, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Abscess of Brain Duration Unknown
 Due to Tuberculosis of lungs Unknown
 Due to 23
 Other conditions Myocardial insufficiency 5 days
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy As above noted
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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Clark Ashinger (M. D. or other) M.D.
 Address 1509 Pip Pkwy. Date signed 12/9/40

Professional Seal

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address 27 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.