

FILED MAR 14 1941

Registration District No. 297

Primary Registration District No. 1002

Registrar's No. _____

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 1529 Lydia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Luella Evans

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Wgs

6. (a) 2 Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 18 7/8 years

7. Birth date of deceased May 13 1899
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Archie Harris

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

14. Maiden name Lydia Harris

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Hoover
(b) Address 1st Penn

17. (a) Buried (b) Date thereof 2 22 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Town

18. (a) Signature of funeral director W. P. K. George
(b) Address 1905 E. 17

19. (a) 2/22/41 (b) M. M. Brown
(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 limits, write "RURAL")

(d) Street No. 1529 Lydia
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th
year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 18th 1941 to Feb 18th 1941
that I last saw him alive on Feb 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 12 days

Due to no trippet 15 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) none

Major findings: none

Of operations _____

Of autopsy no

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) no

(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 John A. Green (M. D. or other) _____
Address 162 E. 17th Date signed 2/19/41

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 E. Starbuck Bells

Licensed Embalmer No. 3178

P. O. Address 1811 E. 12th St. Kc

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.