

FILLED NOV 13 1941

Registration District No. 379

Primary Registration District No. 1002

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:
5527 Michigan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 Weeks / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Addie Henry Evans

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Edgar Martin Evans 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 4 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Brown Henry

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

14. Maiden name Mary Josephine Litton

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

16. (a) Informant W. H. Howard, R.L. Mo

(b) Address 5527 Michigan

17. (a) Removal (b) Date thereof Oct. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Des Moines, Iowa

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10/25/41 (b) Dr. M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Polk
(c) City or town Des Moines
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 48th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1941 hour 11 minute 38 P. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1941, to Oct 24, 1941;
that I last saw h. Ev alive on Oct 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Myocardial degeneration 1 1/2 mo.
Due to arteriosclerosis 5 yrs
Due to hypertension 7 yrs

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

Major findings:
Of operations _____

Of autopsy _____

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 Carlson E. Vaughn (M. D. or other) M.D.
Address 615 Chambers St. Date signed Oct 24 1941

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

248 gms

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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

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, fact should be so stated above.