

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

32704

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 24 1942

3800

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. ....

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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:  
911 Holmes Street-Chase Hotel-Apt. # 1008  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 Years (Specify whether 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. 911 Holmes Street-Chase Hotel  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

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3. (a) PRINT FULL NAME Dr. Samuel R. Evans

3. (b) If veteran, name war World War No. 1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Betty Evans

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December 23 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 9 2D hr. min.

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

10. Usual occupation Dentist

11. Industry or business Offices at 3103 Troost Avenue

MOTHER FATHER

12. Name William Evans

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

14. Maiden name Alice Mildred Unknown

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

16. (a) Informant Mrs. Betty Evans

(b) Address Chase Apt. Hotel, 911 Holmes St.

17. (a) Burial (b) Date thereof Oct., 16, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Mount Moriah Cemetery

18. (a) Signature of funeral director W. A. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-15-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th  
year 1942 hour 11 minute 05 P. M.

21. I hereby certify that I attended the deceased from October 8, 1942 to October 13, 1942 that I last saw h. in alive on Oct. 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to Chronic Myocarditis 3 yrs.

Due to (32)

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations  
Of autopsy

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 James J. Fox (M. D. or other) M.D.  
Address 2204 E. 31st St. Date signed 10/14/42

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**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 F. 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.**