

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 22 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution June 10/31/43
(Specify whether)

In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town North Kansas city
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME J. MCGEE-EVANS.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/15/44 day _____
year _____ hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from 10/31/43
_____, 19____, to 2/15/44, 19____;
that I last saw him in alive on 2/14/44, 19____;
and that death occurred on the date and hour stated above.

4. Sex M Color or race W

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

6. (b) Name of husband or wife mae evans.

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

7. Birth date of deceased: March 31 1883
(Month) (Day) (Year)

Immediate cause of death: hypertension

Due to _____

Due to _____

Other conditions hypertension
(Include pregnancy within 6 months of death)

Major findings: Cerebral Arterio Sclerosis

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation farmer.

11. Industry or business _____

12. Name J. C. Evans.

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

14. Maiden name Elizabeth Campbell

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

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Kenneth

(b) Address State Hospital # 2

17. (a) Removal (b) Date thereof 2-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address St. Joseph, Mo.

19. (a) 2-16-44 (b) Wae Heitzog
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature J. Buchanan (M. D. or other) _____
Address State Hospital # 2 Date signed 2/15/44
St. Joseph, Mo.

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

MOTHER FATHER

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 *Albert C. Harrington*

Licensed Embalmer No. *3258 Mo*

P. O. Address *St Joseph, 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.