

No. 2
2-43
17-39
X39697

FILED JUN 25 1945
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2441**

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **JEANAS CITY**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **ST. MUIRES HOSPITAL 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 DAY** (Specify whether years, months or days)

In this community **1 day**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** ⁴⁹

(c) City or town **LEES SUMMIT** ¹
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BEVERLY EVANS**

3. (b) If veteran, name war **170**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **8th**
year **1945** hour **4** minute **23 A.M.**

21. I hereby certify that I attended the deceased from **June 7, 1945** to **June 8, 1945**
that I last saw her alive on **7 P.M. June 7, 1945**
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **August 3, 1938**
(Month) (Day) (Year)

Immediate cause of death: **Myelopyrexia - 107°**
Phrenic
Jaundice toxicitatis
and post toxic hemorrhage

Duration **2**

Other conditions: **1150**

Major findings: **Intergastromic Adnaxia**

Of operations _____

Of autopsy **0**

8. AGE: Years **6** Months **10** Days **5** If less than one day hr. min.

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

10. Usual occupation **Child**

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Al Evans**

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

14. Maiden name **Laura C. Redman**

15. Birthplace **Kansas City Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Saura Evans**

(b) Address **Lee's Summit Mo**

17. (a) **Burial** (b) Date thereof **6-9-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **H. H. Newcomer, Local 1401 Bushy Creek Blvd.**

(b) Address **1401 Bushy Creek Blvd.**

19. (a) **6-8-45** (b) **Sheldine Holmes**
(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) _____

(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? _____

(Specify type of place) _____

While at work? _____ (b) Means of injury _____

23. Signature **Richard L. Dower** (M. D. or other) **8-1945**
Address **1001 Prof. Bldg** Date signed **June 8, 1945**

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

Prof. [unclear]

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 *Amile M. Calhoun*
Licensed Embalmer No. *3506*
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.