

FILED SEP 20 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3689

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 General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8-30-45-9-2-45
(Specify whether years, months or days)
 In this community 33 YEARS

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. 3812 E. 11th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Evans, Helen KATHRINE
 (b) If veteran, name war No
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September 2
 year 1945 hour 5 minute 15 P. M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 (b) Name of husband or wife MR. EUGENE A. EVANS
 (c) Age of husband or wife if alive --- years
 7. Birth date of deceased APRIL 30 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 30 1945 to September 2 1945
 that I last saw her alive on September 2 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>48</u>	<u>2</u>	hr. _____ min.

Duration
Bronchopneumonia
cerebral arteriosclerosis
with cortical atrophy
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation AT HOME

Major findings:
 Of operations.....
 Of autopsy see above
 107
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business ---
 12. Name UNKNOWN SIMPSON
 13. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN PURVIS
 15. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FLORA ZAUN
 (b) Address 531-CYPRESS STREET
 17. (a) BURIAL (b) Date thereof SEPT. 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation FOREST HILL CEMETERY
 18. (a) Signature of funeral director D. H. Newcome, Sr.
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 9-5-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (Specify type of injury)
 23. Signature Clark W. Seely, M.D. (M. D. or other)
 Address Med. Bldg. P.F.K.C. General Hospital Date signed

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 *H. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *H. C. Newcomer*

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.