S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1946

State File No. 21704

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5176

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 305 West 37th St. NR
(If rural, give location)

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

3. (a) PRINT FULL NAME Fern Evans

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

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 July (Month) 1 (Day) 1885 (Year)

8. AGE: Years 60 Months 11 Days If less than one day hr. min.

9. Birthplace El Paso (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Secretary

11. Industry or business

FATHER
12. Name John C. Evans
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Alice Ellen Schofield
15. Birthplace El Paso (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Roger W. Evans
(b) Address 863 Greely, Webster Groves, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) (Date received by registrar) JUN 10 1946 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1946 hour 6 minute 15 p.m.

21. I hereby certify that I attended the deceased from Aug. 22, 1945 to June 9, 1946 that I last saw her alive on June 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Stomach — 1½ years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operated in Kans. City early in 1945.
Of autopsy old metastases in thorax + nasopharyngeal region

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hiram L. Tuggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

5176

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.