

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 4 1946**  
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 1002

State File No. 37098  
Registrar's No. 4884

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:  
ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 DAYS  
In this community 27 DAYS  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME EVA LENA MOHLER  
3. (b) If veteran, name war no  
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife G.E. MOHLER  
6. (c) Age of husband or wife if alive 6 1/2 years  
7. Birth date of deceased APRIL 27 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 25 hr. 2 min.  
If less than one day

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business  
12. Name JAMES H. McDANIEL  
13. Birthplace PLATTE CITY, MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name NETTIE MORAN  
15. Birthplace FORT SCOTT, KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant G.E. MOHLER  
(b) Address 114 WEST 7th, CINCINNATI, OHIO

17. (a) BURIAL (b) Date thereof 11-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director J. F. [Signature]  
(b) Address 3256 ROADWAY

19. (a) 11-21-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State OHIO (b) County 999  
(c) City or town CINCINNATI 33  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114 WEST 7th, APT. #7 0  
(If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 19th  
year 1946 hour 9 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Nov. 19th  
1946, to Nov. 19 1946  
that I last saw her alive on Nov 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration 6 days  
Due to Acute perforating appendicitis  
Due to Early broncho pneumonia 2 days  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations [Signature]  
Of autopsy Generalized peritonitis  
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 [Signature]  
23. Signature George C. Sander (M.D. or other) [Signature]  
Address Res. 1121st St. Joseph, Mo. Date signed 11-19-46

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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.....

*Park G. Rowe*

- I J

Licensed Embalmer No.....

*2347*

P. O. Address.....

*R. E. 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.**