

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1082

State File No. _____
Registrar's No. 175

Primary Registration District No. 1002

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:
4207 EAST-35TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 YEARS years, months or days)

3. (a) PRINT FULL NAME MR CLYDE GEORGE EVANS
3. (b) If veteran, name war No 3. (c) Social Security No. 486-10-0606

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. EUTHA F. EVANS 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased NOVEMBER - 18 - 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 24 hr. min.

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

10. Usual occupation PAINT DIVISION - SALES DEPARTMENT

11. Industry or business DASCOMB DANIELS LUMBER CO.

12. Name RICHARD J. EVANS

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

14. Maiden name FLORENCE GRAY

15. Birthplace CLINTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde Evans

(b) Address 4207 East 35th St.

17. (a) BURIAL (b) Date thereof JAN-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 4207 EAST-35TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12TH
year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Duration _____

Due to cause - acute coronary occlusion

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: all alone
Of operations _____

Of autopsy _____

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 _____

23. Signature D. Ellsper (M. D. or other) MD

Address 2800 Main Date signed 1-12-47

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 Melvin Miller

Licensed Embalmer No. 4207

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.