

FILED OCT 25 1947

State File No. _____

4322

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: Jordan Conv. Home, 3420 Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 months
 In this community 45 years (Specify whether years, months or days)

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. 3105 Prospect Avenue
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nellie Jane EVANS
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 13
 year 1947 hour 10 minute 15 P.M.
 21. I hereby certify that I attended the deceased from Oct 12 1947
 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, widowed
 6. (b) Name of husband or wife Thomas Evans
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased January 23, 1876
 (Month) (Day) (Year)

Immediate cause of death
Cerebral Thrombosis
 Due to Arteriosclerosis
 Due to _____
 Other conditions Left Hemiplegia
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
71 8 20 hr. min.

Major findings:
 Of operations _____
 Of autopsy 836
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Eureka, Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Invalided

11. Industry or business _____
 12. Name John Cochran
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert O. Evans
 (b) Address 3105 Prospect Ave., K.C., Mo.

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? _____

17. (a) Burial (b) Date thereof 10-15-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City, Missouri

While at work? (Specify type of place) _____
 (c) Means of injury (C)
 23. Signature Robert W. Smith (M. D. coroner)
 Address 1002 Bagley Bldg Date signed Oct 14 1947

19. (a) 10-14-47 (b) Therese Holmes
 (Date received local registrar) (Registrar's signature)

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

900 E. 77th Le

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 Russell N. France

Licensed Embalmer No. 4255

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.