S. No. 2
M—2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1948

Registration District No. 949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41660

Registrar's No. 5478

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community since 1900 years, months or days)

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. 3786 Washington. 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Betty H. Evans

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Albert S. Evans

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May (Month) 12 (Day) 1866 (Year)

8. AGE: Years 81 | Months 7 | Days 15 | If less than one day ___ hr. ___ min.

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

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name Thomas J. Harpe
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Kelly
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Albert H. Evans
(b) Address 4041 Central, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1947 hour 8:17 minute A. M.

21. I hereby certify that I attended the deceased from 12/17, 1947 to 12/27, 1947
that I last saw her alive on 12/26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 Days
Due to above	
Due to above	
Other conditions General Arteriosclerosis (Include pregnancy within 3 months of death)	—

Major findings:
Of operations none
Of autopsy none 9/10

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 William B. Allen (M. D. or other) MD
Address Professional Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. B. Allen

Prof. [illegible]
2 P.M.

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. Clair Sheppard

Licensed Embalmer No. 14179

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.