

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
e 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8997

FILED APR 1 1948

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jacksoneau

(c) Name of hospital or institution: Jackson Co. Home Negro

(d) Length of stay: In hospital or institution 3 yrs

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jacksoneau

(d) Street No. Lees Summit Rd. 4

(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME William Evans

3. (b) If veteran, name war Noe

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased April 11, 1868

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8th  
year 1948 hour 3 minute 48 M.

21. I hereby certify that I attended the deceased from 3-3-48 to 3-8-48

that I last saw him alive on 3-7 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	79	11	27	hr. min.

Immediate cause of death Arteriosclerosis

Due to Influenza

MOTHER FATHER

9. Birthplace Glasgow Mo.

10. Usual occupation Common Labor

11. Industry or business \_\_\_\_\_

12. Name Daniel Evans

13. Birthplace Mo.

14. Maiden name Melvina Fields

15. Birthplace Va.

Other conditions \_\_\_\_\_

Major findings: 327

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harriet Cranshaw

(b) Address 2601 Euclid Ave.

17. (a) Burial (b) Date thereof 3/10/48

(c) Place of burial or cremation Highland

(d) Signature of funeral director Bailey Funeral Home

(b) Address 2065 North 5th St. Kc. Kans.

19. (a) MARCH 9, 1948 (b) Ronald C. Emshaw

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature S. H. Goff (M. D. or other) \_\_\_\_\_

Address R. P. 4 Jacksoneau Date signed 3-8-48

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

18  
4  
4

APR 21 1958

APR 4 1958

**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 W. M. M. Quentes

Licensed Embalmer No. 2057

P. O. Address 716 Han

**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.**