S. No. 300
DM—10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12649

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1571

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

48
3
8

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: 2734 TROOST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 22 YEARS
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. 2734 TROOST AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME MRS DOROTHY JESSIE EVANS

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 WIDOWED

6. (b) Name of husband or wife MR. HARRY R. EVANS

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

7. Birth date of deceased DECEMBER 23 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days ~~17~~ 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name JOHN A. STOKES
13. Birthplace (City, town, or county) TEXAS (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) OKLAHOMA (State or foreign country)

16. (a) Informant MRS ELIZABETH HALL
(b) Address 2734 TROOST AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR-10-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 4-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9TH year 1948 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Off and or for, to 2 years, 19__; that I last saw her alive on April 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetis Mel.

Due to Mal-function of Pancreas and liver.

Due to 13

Other conditions Had Pulmonary T.B. Tuberculosis Chronic 10 years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. H. Zeilinger (M. D. or other)

Address 311 Argyle Bldg Date signed 4/9-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1948

Ardyce Bldg.

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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.