

No. 2
-5-43
5-17-39
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FILED NOV 6 1948
Registration District No. 49

Primary Registration District No. 1002

State File No. 4244
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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. 45 mins.
(Specify whether
In this community 10 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. 914 E. 12 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leonard J. Everett
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 18
year 1948 hour 5 minute 35 P. M.
21. I hereby certify that I attended the deceased from Oct. 18, 1948 to 10-18, 1948
that I last saw him alive on 10-18, 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. DOWNEY EVERETT 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased MAY 25 1882
(Month) (Day) (Year)

Immediate cause of death Undetermined
Due to
Due to
Other conditions (include pregnancy within 3 months of death) 2000

8. AGE: Years 66 Months 4 Days 24 If less than one day 23 hr. min.

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

9. Birthplace FELTON MINNESOTA
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED PURCHASING AGENT

11. Industry or business COAL COMPANY - WEST VIRGINIA
12. Name WILLIAM EVERETT 9
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name FANNY FAGER 9
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ROBERT W. EVERETT
(b) Address LOUISVILLE KENTUCKY
17. (a) BURIAL (b) Date thereof OCT-20-1948
(Burial, cremation, or removal) EVERGREEN CEMETERY
(c) Place: burial or cremation CAMPBELL, MISSOURI

Major findings:
Of operations
Of autopsy None

18. (a) Signature of funeral director D. H. Jewcomer
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 10-19-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
Wm. W. Hart
Signature Wm. W. Hart (M. D. or other) Med
Address Med. Dir. Gen'l Hosp. Date signed 10-19-48

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

Dr. Butler

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 *Jess T. Lewis*
Licensed Embalmer No. *4453*
P. O. Address *Kansas City*

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.