

FILED DEC 4 1948

Registration District No. 149

Primary Registration District No. 1003

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

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

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 48 Years

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. 2428 Vine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Collis Nathaniel Evans

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Bessie Mae Evans

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 17, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>6</u>	<u>29</u>	hr. min.

9. Birthplace Lawrence Co., South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Business

11. Industry or business _____

12. Name Simpson Evans

13. Birthplace Lawrence Co., S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Childers

15. Birthplace Lawrence Co., S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Mae Evans

(b) Address 2428 Vine

17. (a) Burial (b) Date thereof 11/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Bess

(b) Address 1729 Lydia

19. (a) 11-19-48 (b) Sebaline Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1948 hour 3 minute 50A.M.

21. I hereby certify that I attended the deceased from Nov. 6
1948, to Nov. 16, 1948;
that I last saw him alive on Nov. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia terminal

Due to Cerebral Hemorrhage and Thrombosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 830

Major findings: Of operations _____

Of autopsy _____

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) (M. D. of cause)

23. Signature P. C. Turner
(M. D. of cause)

Address 1433 E. 19th Date signed 11-17

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.