

CITY

FEB - 6 1952

Registrar's No.

52 001213
IN THIS SPACE

PLACE OF DEATH

Sedgwick

2. Usual Residence (Where deceased lived, if institution: residence before admission):
a. State Kansas b. County Sedgwick

3. CITY (If outside corporate limits, write name and give township)
Town Wichita

c. Length of Stay (in days)
12 yrs.

a. City (If outside corporate limits, write name and give township)
Town Wichita

d. Street Address (If rural, give location)
844 N. Pinecrest

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Wesley Hospital

5. NAME OF DECEASED (Type or Print)

a. (First) William b. (Middle) Arthur c. (Last) Evens

6. DATE OF DEATH (Month) (Day) (Year)
Jan. 8, 1952

7. SEX Male

8. COLOR OR RACE White

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

10. DATE OF BIRTH Aug. 3, 1910

11. Age (In years last birthday) 41

12. Usual Occupation (Give kind of work done during most of working life, even if retired) Tool Planner

13. KIND OF BUSINESS OR INDUSTRY Aircraft

14. BIRTHPLACE (State or foreign country) Elvins, Mo.

15. CITIZEN OF WHAT COUNTRY? U.S.

16. FATHER'S NAME James C. Evans

17. MOTHER'S MAIDEN NAME Anna K. Wood

18. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No

19. Social Security No. 255-09-7944

20. INFORMANT Evelyn Evans

21. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease entity or condition from which ensued death.

22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

23. INTERVAL BETWEEN ONSET AND DEATH

24. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last

25. DUE TO (b)

26. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

27. Date of Operation

28. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach

29. AGENCY Yes No

30. ACCIDENT, SUICIDE, HOMICIDE (Specify)

31. Place of Injury (e.g., in or about home, farm, factory, street, etc.)

32. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

33. Time (Month) (Day) (Year) (Hour) (Minute) Injury

34. Injury Occurred while at not while at work

35. HOW DID INJURY OCCUR?

36. I hereby certify that I attended the deceased from 11:15 AM on 1/6/52, and that death occurred at 6:00 PM (Signature or title)

37. that I last saw the deceased from the cause and on the date stated above

38. SIGNATURE

39. ADDRESS Brown Blk. Wichita, Kan.

40. Burial, Crema, etc. Removal (Specify)

41. Date Name and Address of Registrar

42. Location (City, town or county) (State)

43. Date Received by Local Registrar

44. REGISTRAR'S SIGNATURE

45. FUNERAL DIRECTOR ADDRESS Gordon Mortuary Wichita, Kan.