

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

32
2052
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 31
 (c) City St. Joseph, (d) Street No. 722 No. 6th. St. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Aaron Burr Evans 152,
 (a) Residence, No. _____ St. Muscotah, Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Recy Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Live Stock
 9. Industry or business in which work was done, as saw mill, bank, etc. Auctioneer.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maynordsville, Tenn.

FATHER 13. NAME George Evans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Tenn.

MOTHER 15. MAIDEN NAME Orlena Wolfenbarger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Tenn.

17. INFORMANT (ADDRESS) Mrs. Emma Morgan 722 No. 6th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Muscotah, Kansas DATE Jan. 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Meinhoffe 1302 Farago St. St. Joseph, Mo.

20. FILED 1-11-38 H. Nettles Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-6-38, 1938, to 1-10-38, 1938

I last saw h. in alive on 1-10-38, 1938 Death is said

to have occurred on the date stated above, at 6.15 m. A.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset _____

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accidents, suicide, or homicide? _____ Date of injury _____, 19____

Where the injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury: RECEIVED VITAL STATISTICS HEALTH

24. Was disease of injury in any way related to occupation of deceased? no

If so, specify _____ M. D.

(Signed) L. Chaurman (Address) Kirkpatrick Bldg. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wilbur H. Kelly
Licensed Embalmer No. 3946

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.)