

Dr. Crane

REC'D MAR 17 1938

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

6823
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 183
 (c) City Springfield, Mo. (d) Street No. 1198 W. Poplar 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Minerva Evans 152
 (a) Residence, No. 1198 W. Poplar St.
 (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 Female 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 Samuel W. Evans 1874

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1872

7. AGE YEARS 66 64 MONTHS 0 DAYS 22 If LESS than 1 day, hrs. or min.

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thprnfield Missouri
 13. NAME David Marsh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Swearingin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Ruth Evans (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb. 28, 1938

19. FUNERAL DIRECTOR H. H. Lohmeyer Funeral Home (ADDRESS) Springfield, Mo.

20. FILED Feb. 28, 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24-23, 1938 to Feb. 26, 1938
 I last saw him alive on 2-26, 1938 Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
Tubercular Pneumonia
 Date of onset
10/5

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) J. V. B. Crane M. D.
 (Address) 315 1/2 Cherry, Springfield, 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.

See misc file 19 # 5-6 - 1938

STATEMENT BY LICENSED EMBALMER

I, M. L. Canaday, Licensed Embalmer No. 3434

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

L. E.

No. 3434 or by _____ Registered Apprentices No. _____
working under my personal supervision.

Signed

M. L. Canaday

Licensed Embalmer No. 3434

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.)