

REC'D MAR 17 1938

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

6882

Do not use this space.

1. PLACE OF DEATH

(a) County WALTON Registration District No. 370
(b) Township FOREST Primary Registration District No. 4216 Registered No. 1
(c) City FOREST CITY (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HERBERT LUCAS EVERSON 162

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 MRS. NELLIE W. EVERSON.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-27-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
66 9 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MANAGER WILLING CO.
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 _____

12. BIRTHPLACE (CITY OR TOWN) FOREST CITY (STATE OR COUNTRY) MO13. NAME PERRY EVERSON14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO15. MAIDEN NAME PHOEBE CHALFANT16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO17. INFORMANT J. Everson (ADDRESS) Independence, Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST CITY DATE FEB-9-193819. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO20. FILED 2-2 1938 J. B. Bullock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1-3822. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to February 1-1938I last saw him alive on January 31, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Cronic vavular disease of heart
Date of onset unk knownOther contributory causes of importance: noneName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No23. 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? No
If so, specify _____(Signed) Frank C. Bullock, M. D.(Address) Forest City Ind.

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STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune, Licensed Embalmer No. 1279

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

J. Fred Turhune
Licensed Embalmer No. 1259

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.)