

REC'D APR 20 1938

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

11214
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township 1 Primary Registration District No. 4267
 (c) City Lebanon (d) Street No. _____
 (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 Mae E Evers 162

(a) Residence, No. Wallace Memorial Hospital 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. H. Evers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME Richard Lynn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER 15. MAIDEN NAME Mary Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) C. H. Evers
Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE 3/16 1938

19. FUNERAL DIRECTOR (ADDRESS) W. E. Haeman
Lebanon Mo

20. FILED 3-16-38 1938 J. A. McCoub
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1938, to Mar 14, 1938

I last saw her alive on March 14, 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Basal Fracture

Date of onset

Other contributory causes of importance: fall

Name of operation Repairing Wound Date of 3/14-38

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? yes Date of injury 3/14/38

Where did injury occur? at home (Specify city or town, county, and State)

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

Manner of injury fall into basement of home

Nature of injury Basal fracture

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

If so, specify (Signed) J. L. Beruaga, M. D.

(Address) Lebanon

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, W.E. Helman, Licensed Embalmer No. 3061

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W.E. Helman

Licensed Embalmer No. 3061

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.)