

SEP 26 1938

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

29810
Do not use this space.

1. PLACE OF DEATH

(a) County RALLS Registration District No. 725
(b) Township JASPER Primary Registration District No. 5960c Registered No. _____
(c) City _____ (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROSA E. EVANS 152

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 4 1938 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES M. EVANS

22. I HEREBY CERTIFY, That I attended deceased from April 2 1935 to Aug 4 1938
I last saw her alive on Aug 1 1938. Death is said to have occurred on the date stated above, at 9:30 AM.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 8 1873
7. AGE YEARS 64 MONTHS 9 DAYS 27 If LESS than 1 day,hra. ormin.

Date of onset 7/4/38
Myocarditis
Chronic Colitis 1923
Other contributors causes of importance:

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. HOME
10. Date deceased last worked at this occupation (month and year) 1928 Total time (years) spent in this occupation LIFE

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

FATHER 13. NAME RILEY INLOW
14. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME GENEVA WASSON
16. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)

17. INFORMANT MRS. ELMER CRAIGEN (ADDRESS) CENTER MO

18. BURIAL CREMATION, OR REMOVAL PLACE SALEM DATE AUG 7 1938

19. FUNERAL DIRECTOR (NAME) GILES B. HULSE (ADDRESS) CENTER MO

20. FILED 84 1938 Giles B. Hulse Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

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? No
If so, specify _____ (Signed) E. H. Brooker M. D. (Address) Center, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-160

Date Filed 9-16-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Gus R. Shuler

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Gus R. Shuler

Licensed Embalmer No. 3356

P. O. Address Center

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.)

If this body is not embalmed, above space should be left blank.