DEC 19 1938

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

39385
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 398
(b) Township Blue 1 Primary Registration District No. 5554 Registered No. 323
(c) City Independence Mo (d) Street No. R.R. #3 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 152 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Warren Evans
(a) Residence, No. Indep Mo RR3 Kiger Road 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: 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: Julia E Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 23 - 1879

7. AGE: Years 59 | Months 9 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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) Whiteville (STATE OR COUNTRY) Andrew Co Missouri

FATHER
13. NAME: Caleb Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Tamer Ann Hailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Utah

17. INFORMANT Mrs Julia E Evans (ADDRESS) Indep Mo RR3 Kiger Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Indep Mo DATE Nov 26 1938

19. FUNERAL DIRECTOR Ott & Mitchell (ADDRESS) 310 N Main St Independence Mo

20. FILED 11-26 1938 F. L. Cooke Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1938, to 1938
I last saw h.... alive on ....1938. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Right Lower Lobe Pneumonia	

Other contributory causes of importance:
Coronary Sclerosis

Name of operation None Date of ....
What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .... Date of injury 1938
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) G. Hopkins, M. D.
(Address) 360 Gylon

(Licensed Embalmer's Statement on Reverse Side)

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, R B Mitchell, Licensed Embalmer No. 646

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 R B Mitchell

Licensed Embalmer No.

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.)