CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1939

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

8104
Do not use this space.

108

3

1. PLACE OF DEATH
(a) County Vernon 1 Registration District No. 875
(b) Township [illegible] Primary Registration District No. 6162 Registered No. 52
(c) City Nevada (d) Street No. State Hosp. #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 0 yrs. 8 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 15 ds Katherine Evans
(a) Residence, No. Carterville Mo 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K. (unknown)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1874
7. AGE YEARS 65 MONTHS 0 DAYS 3 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. (unknown)
10. Date deceased last worked at this occupation (month and year) D.K. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Tenn

FATHER
13. NAME Abner Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Margaret Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Hosp. Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City, Mo DATE 2/23 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Webb City und Co Webb City, Mo.
20. FILED 2-21, 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1939, to Feb. 21, 1939
I last saw her alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 5:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/19
93	
Other contributory causes of importance:	
Pareesis	D.K. unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) L A Hopkins, M. D.
(Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-4
Date Filed 3-8-39

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, Myself, ..., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

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