REC'D JUN 20 1939

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

19883
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Saline
(b) Township Marshall
(c) City Marshall
Registration District No. 796
Primary Registration District No. 3038
Registered No. 87
(d) Street No. ..... 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 Mayme Elizabeth Evans
(a) Residence, No. 539 N. Lyon 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND or~~ (OR) WIFE OF Robert Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1874
7. AGE: Years 64 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Saline Co. Mo. D

FATHER
13. NAME Preston T. Rowland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Charles Evans
(ADDRESS) Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE May 17 1939
19. FUNERAL DIRECTOR (NAME) J.L. Sweeney
(ADDRESS) Marshall, Mo.
20. FILED May 17 1939 Mary Kent Deputy Local Registrar. 710

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939
22. I HEREBY CERTIFY, That I attended deceased from April 24 1939 to May 15 1939
I last saw her alive on May 15 1939. Death is said to have occurred on the date stated above, at 4:15 a m.
The principal cause of death and related causes of importance were as follows:

Embolism Pulmonary — Date of onset 5-15-39

Other contributory causes of importance: 121

Name of operation Appendectomy Date of 5-2-39
What test confirmed diagnosis? Clinical 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 X
(Signed) A. C. Bertman, M. D.
(Address) Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

CEIVED
strict Health Officer No. 8,
rict File Number 4/8/39
Filed

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 J. Leslie Sweeney

Licensed Embalmer No. 1235

P. O. Address Marshall, Ne

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.