

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.

DEC 15 1939

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 849

1. PLACE OF DEATH: 1

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LULA MAY EVANS 154

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Evans

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 23, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>5</u>	<u>29</u>	hr. min.

9. Birthplace Delfhus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business 9

12. Name John Grody

13. Birthplace No record

14. Maiden name Lucie Adman

15. Birthplace No record

16. (a) Informant's own signature George Evans

(b) Address 1244 E. McDaniel

17. (a) Burial (b) Date thereof Nov. 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth

18. (a) Signature of funeral director H. C. Thiesme

(b) Address Springfield Mo. 250

19. (a) 11-25-39 (b) Charles George MS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1244 E. McDaniel
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1939 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from 10-8-39 to 11-22-39
that I last saw her alive on 11-22-39
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic cancer of bladder & lung

Due to Metastatic cancer primary

Other conditions 49
(Include pregnancy within 3 months of death)

Major findings: 49
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify name of place) (e) Means of injury

23. Signature Hunt Smith M. D. or other _____

Address 450 1/2 E. Paul Date signed 11/27/39

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, or by.....

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

Signed *Ralph Thorne*.....

Licensed Embalmer No. *3681*.....

P. O. Address *Springfield, Mo.*.....

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.