

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

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

39662
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township 11 Primary Registration District No. 5439 Registered No. 855
 (c) City SPRINGFIELD (d) Street No. Central Bible Institute 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Irvin Evans Jr.
 (a) Residence, No. Central Bible Institute 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

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) Ossining New York.

FATHER 13. NAME William Irvin Evans Sr.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PA.

MOTHER 15. MAIDEN NAME Hilda Mae Lindberg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Pa.

17. INFORMANT William I. Evans Sr.
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn DATE 11-26-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn Funeral Home Springfield, Mo.

20. FILED 11-25, 1939 Chas. A. Ganga, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936, to Nov 24, 1939
 I last saw him alive on about Nov 1, 1939. Death is said to have occurred on the date stated above, at 8:05pm.
 The principal cause of death and related causes of importance were as follows:
Tumor of cerebral cord probably glioma
psyllitis
55

Date of onset Nov 39
Jan 1938
Jan 1938

Other contributory causes of importance:

Name of operation Cordotomy Date of 10-1-38
 What test confirmed diagnosis? 55 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? _____
 If so, specify _____
 (Signed) Daniel L. Yancy, M. D.
 (Address) Springfield, Mo.

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.....

Lloyd W. Ford

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

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

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

X