

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

43140
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson City, Mo. Primary Registration District No. 3014 Registered No. 293
 or City St. Mary's Hospital Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) 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 John Peter Eveler

(a) Residence, No. 1602 E. Miller Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15/39 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1939 to Dec. 15, 1939
 I last saw him alive on Dec. 15, 1939. Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 10 7

Lobar Pneumonia Date of onset 12-8-39

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

Other contributory causes of importance: 105
Myocarditis
Senility
 Name of operation Autopsy Date of _____
 What test confirmed diagnosis? Findings Was there an autopsy? No.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas, Mo.

FATHER 13. NAME Joseph Eveler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Gundelfinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sam P. Eveler
Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ressurrection DATE 12/17/39 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs
Jefferson City, Mo.

20. FILED 12/16/1939 W. B. Bedford Local Registrar.

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) J. A. Oseman, M.D.
 (Address) Jefferson City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 at 25-26 only if death of information should be category supplied. Now amount be stated elsewhere. Information should state

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.....

John J. Hennrich

Licensed Embalmer No. 3655.....

P. O. Address. Jefferson City. 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.