

STANDARD CERTIFICATE OF DEATH

State File No. 6552

Registration District No. 3-FILED MAP Primary Registration District No. 5417

Registrar's No. 3

36

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County FRANKLIN

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days ALL

3. (a) PRINT FULL NAME KATHRINE EVERT 163

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race W

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

6. (b) Name of husband or wife GEO. EVERT

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

7. Birth date of deceased DEC 16 1958
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace LYON Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM SPRICK 6

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name KATHRINE DEPERMAN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Evert

(b) Address Waukegan 2nd

17. (a) BURIAL (b) Date thereof 1-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PORT HUDSON Mo

18. (a) Signature of funeral director L. C. FERTIG & SON

(b) Address NEW HAVEN Mo 271

19. (a) 1-29-40 (b) A. Walker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural Lyon Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1940 hour 7:30 am _____ M.
minute _____

21. I hereby certify that I attended the deceased from Nov 1
1939 to Jan 28 1940
that I last saw her alive on Jan 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Pleurisy

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 type of place) (e) Means of injury _____

23. Signature A. F. Goodrich (M. D. or other) _____
Address Washington Mo Date signed 1-29

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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 me

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

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address

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.