DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10986

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 284

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 305 New St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether In this community March 16 1940: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Marshfield - Ozark Township (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. (If rural, give location)

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

3. (a) PRINT FULL NAME 152 BLANCHE EVANS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Freeman

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased 3 (Month) 2 (Day) 1907 (Year)

8. AGE: Years 33 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Christian, County. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

FATHER
12. Name John ~~Xxx~~ Poyner
13. Birthplace Christian Co (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Parks
15. Birthplace Christian Co (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. John Poyner

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 20 (Day) 40 (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director Rix Ramsey

(b) Address Marshfield Mo

19. (a) 3/20/40 (Date received local registrar) (b) Chas. A. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 40 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from March, 1925, to March 18, 1940 that I last saw her alive on Mar 16, 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain abscess from mastoid right	
Due to ear infection 59	
Due to	
Other conditions diabetes mellitus (Include pregnancy within 3 months of death) 10 years duration	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John R. Truer (M. D. or other)

Address Marshfield Mo Date signed 3/19.4

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

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Rev. 5-17-39
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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 X, Registered Apprentice No. X, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.