

MAY 13 1940
Registration District No. **411**

Primary Registration District No. **2002**

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.

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2530 Byers**
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days **1 1 2**

3. (a) PRINT FULL NAME **Sherman Evans**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lucy Evans** **6. (c) Age of husband or wife if** _____
7. Birth date of deceased **September 11, 1875**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Newton, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business
MOTHER FATHER
12. Name **Wesley Evans**
13. Birthplace **Ill**
14. Maiden name **Malinda Phelastinger**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lucy Evans**
(b) Address **2530 Byers**

17. (a) Burial, cremation, or removal **Saginaw** **(b) Date thereof** **April 4, 40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Saginaw Cem**

18. (a) Signature of funeral director **Charles E. Dillon**
(b) Address **305 W 4th St**

19. (a) Date received local registrar **4-6-40** **(b) Registrar's signature** **E. D. James**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **2530 Byers** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **2**
year **1940** hour **3:30** minute **10** M.
21. I hereby certify that I attended the deceased from **4/1**, 19**40**, to **4/1**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis, obs.**
Due to **hypertension**
Due to **indian tuberc**
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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? **372**
(Specify type of place) _____
While at work? _____ **(e) Means of injury** _____
23. Signature **H. H. Blodgett**
Address **2114 Joplin** **Date signed** **4/14/40**

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

Signed David Hillier
Licensed Embalmer No. 3898
P. O. Address Joplin, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12737

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Gascon
(b) City or town Joplin
(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)

3. (a) PRINT FULL NAME Sherman Evans

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 64 Months 6 Days 22 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

NEEDLE CERTIFICATION

20. DATE OF DEATH: Month apr day 1 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to hypostatic pneumonia

Due to the labor

Other conditions cardiac failure

(Include pregnancy within 3 months of death)

PHYSICIAN

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?

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

23. Signature D. H. DeFelt (M. D. or other) _____

Address Joplin Date signed _____

SUPPLEMENTARY

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

