

No. 2  
-10-39  
17-39  
X21492

FILED MAY 17 1940

State File No. \_\_\_\_\_

Registration District No. 629

Primary Registration District No. 5831

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Nodaway  
(b) City or town Ravenwood, Missouri  
(c) Name of hospital or institution:  
Private Home 2 1/2 miles W of Ravenwood  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Rural  
(d) Street No. 2 1/2 mi. west of Ravenwood  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Perry Augustus 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 W

6. (b) Name of husband or wife Cora Jean Hughes Deen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 18 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 74 4 26 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Evans  
13. Birthplace Ohio  
(City, town or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sarah Moore  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Manning Moore  
(b) Address Ravenwood, Mo.

17. (a) Rural (b) Date thereof April 16 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Cemetery

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address 271 South Main, Marshall Mo

19. (a) April 16 1940 (b) Grace Beholt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Apr  
year 1940 hour 10 minute AM

21. I hereby certify that I attended the deceased from 4-9-40  
\_\_\_\_\_ 19\_\_\_\_, to 4-14 1940;  
that I last saw him alive on 4-13 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 6 months of death)  
Cerebral Hemorrhage 2 yrs ago

Major findings: Gastric Ulcer

Of operations \_\_\_\_\_  
Of autopsy No

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? No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

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

23. Signature J. M. Boyle (M. D. or other) \_\_\_\_\_  
Address Conception Jurd Date signed \_\_\_\_\_

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

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

RECEIVED  
District Health Officer No. 111  
District File Number 540-9523  
Date Filed MAY 16 1949

*Dr. Bayles*

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 \_\_\_\_\_

*W. Sean Campbell*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *W. Sean Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Manville, 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.