

Registration District No. 655

Primary Registration District No. 5872

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele Virginia Twp.
(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) 2

(d) Length of stay: In hospital or institution 9 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Evans 152

3. (b) If veteran, name war. 8. (c) Social Security No. 497-16-4694

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosie Evans
6. (c) Age of husband or wife if alive D.K. years

7. Birth date of deceased Aug 13, 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Common Labor

MOTHER FATHER 11. Industry or business

12. Name Frank Evans
13. Birthplace Shannon, Miss
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gaston
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Robinson
(b) Address Tyronza, Ark. R.#1.151.

17. (a) Burial (b) Date thereof 6.2.1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove Cemetery

18. (a) Signature of funeral director J.L. German
(b) Address Steele, Mo.

19. (a) 6/5/40 (b) S.J. Robinson
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Steele
(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 May day 31
year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 21, 1940, to May 31, 1940
that I last saw him alive on May 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min.

Due to
Due to 94%

Other conditions (Include pregnancy within 3 months of death)

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 E.L. Taylor (M. D. or other) MD.
Address Steele, Mo. Date signed 6-1-40

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

78

L JUN 13 1940

6-40-26

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.....

Licensed Embalmer No.....

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.