

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21030
 Do not use this space.

1. PLACE OF DEATH
 (a) County Adair Registration District No. 1
 (b) Township 0 Primary Registration District No. 3001
 (c) City Kirkville (d) Street No. Stigler Hospital Registered No. 146
 (e) Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. 1/1 (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME
 (a) Residence, No. 152 ISSAC EVANS St.
RFD #1 Madison Mo. (Usual place of abode, if no street address, write county or city)
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-12-1866

7. AGE YEARS 73 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri

13. NAME Unknown John Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

15. MAIDEN NAME Unknown Nancy Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

17. INFORMANT (ADDRESS) Mrs. Virginia Evans, RFD #1 Madison Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE June-13-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snow Funeral Home, Moberly Missouri

20. FILED June 12, 1940 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-12-1940

22. I HEREBY CERTIFY That I attended deceased from June 1, 1940 to June 12, 1940
 I last saw him alive on June 12, 1940 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Chronic Hepatitis, Pyelitis, Heart Failure, Acute Pharyngitis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? P.P. Physical Was there an autopsy? No

If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) Dr. Paul C. Bagley, D.O.
Frank H. Hays, M.D.
Kirkville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

FILED JUL 27 1940

9502

REIVED

District Health Officer No. 10

District File Number 7-40-1452

Date Filed JUL 15 1940

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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. 21030

Registration District No. 1

Primary Registration District No. 1

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Richville
 (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)

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.

3. (a) PRINT FULL NAME Isaac 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 W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

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

8. AGE: Years Months Days If less than one day
73 9 0 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec. 27, 1940 (b) Spencer L. Freeman
 (Date received local registrar) (Registrar's signature)

INTERNATIONAL CERTIFICATION

20. DATE OF DEATH Month June day 12
 year 1940 hour _____ minute _____ M.

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

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Brainial
Chr. Hypertension
Pyloritis
Heart failure

Due to _____
 Due to _____

Other conditions acute prostatitis
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 1077

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTAL COPY

