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

FILED JUL 9 1940

McLain

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22486

Registration District No. 656 Primary Registration District No. 6781 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 8

(If not in hospital or institution, write street number or location)

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

In this community 6weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Holland, Mo (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 Sammie Lee Evans 152

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased 4 (Month) 17 (Day) 1940 (Year)

8. AGE: Years | Months 1 | Days 24 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Rethia Evans
13. Birthplace Indinola, Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Indinola Coleman
15. Birthplace Greenwood, Miss (City, town, or county) (State or foreign country)

16. (a) Informant Minnie, Evans

(b) Address Holland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetary

18. (a) Signature of funeral director German Undt Co.

(b) Address Steele, Mo.

19. (a) 6-19-1940 (Date received local registrar) (b) Tom Bugance (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1940 hour 4. Am minute M.

21. I hereby certify that I attended the deceased from May 30 1940 to June 1 1940 that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death D K	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 D. C. McLain (M. D. or other)

Address Holland Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

~~6-33-40~~

6-40-34

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.