

Registration District No. 407 Primary Registration District No. 4241 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(c) Name of hospital or institution: 212 Kane Street
(d) Length of stay: In hospital or institution 20
In this community 62 years

3. (a) PRINT FULL NAME Mrs. Sarah E. Evans
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W.
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 20 1852
8. AGE: Years 88 Months 4 Days 24

9. Birthplace unknown Texas
10. Usual occupation At home

11. Industry or business
12. Name ---- Yadon
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Dau. Mrs. Ted Schulze
(b) Address Carterville, Mo.
17. (a) Burial (b) Date thereof 9/18/40
(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hodge Nelson
(b) Address Webb City, Missouri
19. (a) Sept. 15 - 1940 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(d) Street No. 212 Kane Street
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14th
year 1940 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1
1940 to Sept 14 1940
that I last saw her alive on Sept 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of life belt

Due to
Due to
Other conditions Semiautism

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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While at work? (Specify type of place)
(e) Means of injury
23. Signature J. W. Clark (M. D. or other)
Address Carterville, Mo Date signed 9/18/40

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

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

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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.....

E. W. Hedge

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. W. Hedge

Licensed Embalmer No.....

29859

P. O. Address.....

W. H. Petyne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 82238

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 409

Primary Registration District No. 4241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Yaoeger
(b) City or town Porterterville
(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 _____ (Specify whether _____)
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) PRINCE FULL NAME Mrs Sarah E. Evans

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

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

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 88 Months 4 Days 24 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)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 14 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 _____ and that death occurred on the date and hour stated above. Immediate cause of death Infection

Due to pressure of prolonged recumbent position and tearing off bandage and picking at callous.
Due to septic debility
Other condition sepsis
(Include pregnancy within 3 months of death)

Major findings: Of operations 36

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?

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

23. Signature J. W. Clark M.D. (M. D. or other) 1940

Address Porterterville Date signed Nov 20

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

Report prepared for
the National Bureau of
Investigation by Special Agent