

Registration District No. **450** **NDV 201940** **38**

Primary Registration District No. **4508**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Dexter**
(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 **20**
In this community **27 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Dexter**
(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.

8. (a) PRINT FULL NAME **George Arthur 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 **Married**

6. (b) Name of husband or wife **Golden Evans** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Sept. 6, 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **1** Days **26** If less than one day hr. _____ min. _____

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

10. Usual occupation **Salesman**

11. Industry or business _____

MOTHER FATHER { 12. Name **James W. Evans**
13. Birthplace **No. Record**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo. A. Evans**
(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **11-3-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dexter Cemetery**

18. (a) Signature of funeral director **Blankenship-Strickland**
(b) Address **Dexter, Mo.**

19. (a) **11/8 1940** (b) **Jennie Burton**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **2**
year **1940** hour **7** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **Oct - 14 -**
1940 to **Nov - 2 - 1940**

that I last saw him **alive** on **Nov - 1 - 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic angocarditis**

Due to _____

Due to _____

Other conditions **Chronic nephritis**
(Include pregnancy within 3 months of death) **Semity**

Major findings: Of operations _____

Of autopsy **131**

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? _____

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

23. Signature **Frank Baker** (M. D. or other) **1940**
Address **Dexter Mo.** Date signed **11/4/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-900

STATEMENT BY LICENSED EMBALMER

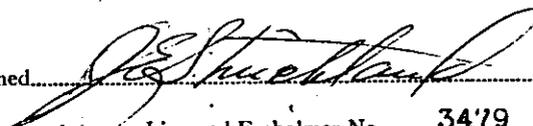
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~xxx~~

J. E. Strickland

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.