FILED JAN 8 1941

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42092

Registration District No. 139 Primary Registration District No. 5200 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural, Hill Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 6 miles west of Tina.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community All his life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll

(c) City or town Bogard, Missouri RFD.
(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.? 52 years. years.

3. (a) PRINT FULL NAME ALFRED EVANS.

3. (b) If veteran, name war World 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 Lena Alice Evans. 6. (c) Age of husband or wife if alive 50. years

7. Birth date of deceased April (Month) 8 (Day) 1888 (Year)

8. AGE: Years 52 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation Farming.

11. Industry or business XX

FATHER 12. Name Sam. M. Evans.
13. Birthplace Kentucky. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Miller.
15. Birthplace Kentucky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alfred Evans.
(b) Address Bogard, Missouri, RFD#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem.

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Missouri

19. (a) Dec. 30 1940 (Date received local registrar) (b) Mrs R. A. Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 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.

	Duration
Immediate cause of death: Gun Shot in mouth.	
Due to: 22 Long Rifle	
Due to:	
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) Suicide
(b) Date of occurrence Dec. 28, 1940
(c) Where did injury occur? Carroll Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm. (Home) (Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. Dickerson (Coroner) (Mr. Dr. or other)
Address Bogard, Mo Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1946

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-3-47

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 Clifford W. Austin, Registered Apprentice No. working under my personal supervision.

Signed Clifford W Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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

If this body is not embalmed, above space should be left blank.