FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3377

Registration District No. 1022 Primary Registration District No. 5732 Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County Maries Drycreek

(b) ~~City or town~~ Rural ~~Miller Twn~~
(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 Missouri (b) County Maries

(c) City or town Rural
(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.? 0 years.

3. (a) PRINT FULL NAME James Richard 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 Widowed

6. (b) Name of husband or wife Rebecca Evans

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) 24 (Day) 1862 (Year)

8. AGE: Years 78 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Evans
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lovina Wilson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clint Evans
(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation Kenner Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) Jan. 17, 1941 (Date received local registrar) (b) Sarah Robertson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 11 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1940, to Jan. 11, 1941 that I last saw him alive on Dec. 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to Cold & Age.

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A. J. Crider (M. D. or other)
Address Dixon, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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.....

January 12, 1941 Registered Apprentice No.....

working under my personal supervision.

Signed Fred D Gillett

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.**