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23159

Registration District No. 624

Primary Registration District No. 4375

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins
(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 _____
In this community 58 yrs / _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway

(c) City or town Hopkins
(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 Charles Sumner Evans

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1940 hour 4:10 minute 44 M.

21. I hereby certify that I attended the deceased from 11/1 1941 to 1/27 1941;
that I last saw him alive on 1/27/41 1941;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Name of husband or wife Flora Marlatt

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

7. Birth date of deceased Oct 24 1860
(Month) (Day) (Year)

Immediate cause of death Senility

Duration unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation TINNER

11. Industry or business _____

12. Name THOMAS EVANS

13. Birthplace Burk, Co Penn.
(City, town, or county) (State or foreign country)

14. Maiden name EMILY McCANDLASS

15. Birthplace WARREN, Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Roy M. Gure

(b) Address Hopkins Mo

17. (a) BURIAL (b) Date thereof Jan 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Mo.

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? 555

(Specify type of place) _____

While at work? _____ (Specify type of place)

23. Signature [Signature] M. D. or other _____

Address Hopkins Date signed 1/28/41

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) 1-28-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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 *Mija*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, Mo.*

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.