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

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APR 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10767

Registration District No. 335 Primary Registration District No. 4198 Registrar's No. 4

1. PLACE OF DEATH:
(a) County HARRISON
(b) City or town BLYTHEDALE (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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HARRISON 41
(c) City or town BLYTHEDALE (If outside city or town limits, write "RURAL") 0 0
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY L. EVANS
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ Wm. H. 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 5 (Month) 11 (Day) 1865 (Year)
8. AGE: Years 75 Months 9 Days 17 If less than one day ____ hr. ____ min.
9. Birthplace OHIO (City, town, or county) / (State or foreign country)
10. Usual occupation House Wife
11. Industry or business ____
MOTHER FATHER
12. Name GEORGE MORGAN
13. Birthplace ____ (City, town, or county) OHIO / (State or foreign country)
14. Maiden name FRANCES FRAZIER
15. Birthplace DO NOT KNOW (City, town, or county) 9 (State or foreign country)
16. (a) Informant Corey Evans
(b) Address Blythedale, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/2/1941 (Month) (Day) (Year)
(c) Place: burial or cremation CEDAR HILL CEMETERY
18. (a) Signature of funeral director J. M. Hess
(b) Address Bethany, Mo.
19. (a) March 5, 1941 (Date received local registrar) (b) Ward Mrs E. Bowles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 1941 hour 8 minute 50 P. M.
21. I hereby certify that I attended the deceased from Feb 10, 1941 to Feb 28, 1941; that I last saw h. alive on Feb 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis
Due to Ascending infection
Due to Cystitis
Other conditions Arteriosclerosis - Senility
(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 James B. Hyer (M. D. or other) D.O.
Address Blythedale, Mo. Date signed 3/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed S. M. Hess

Licensed Embalmer No. 1078

P. O. Address Bethany, 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, fact should be so stated above.