FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13858

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 113

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital (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: All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia (If outside city or town limits, write "RURAL") 9

(d) Street No.: 4 (If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country:

3. (a) PRINT FULL NAME: Rubey Perewitt 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: Widowed

6. (b) Name of husband or wife: George A. Evans

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

7. Birth date of deceased: Nov (Month) 16 (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days 23 If less than one day: hr. min.

9. Birthplace: Columbia (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Home

11. Industry or business: —

FATHER 12. Name: Robt. T. Perewitt

FATHER 13. Birthplace: Columbia (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name: Sallie Rubey

MOTHER 15. Birthplace: (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs. Tom Mitchell

(b) Address: Jefferson City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Mo

18. (a) Signature of funeral director: Parkers Tom McKay

(b) Address: Parkers Chapel Columbia Mo

19. (a) 4/29/41 (Date received by local registrar) (b) Allie Delay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1941 hour 8:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1941, to April 9, 1941, that I last saw her alive on April 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	?
Arteriosclerosis	?
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): N.A.V.	

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):

(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: 0

23. Signature: E. D. Barnett (M. D. or other) M. D.

Address: Columbia Mo. Date signed: 4/29/41

(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 .....

Licensed ~~Embalmer~~ No. 4103 F

P. O. Address Columbia,

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

If this body is not embalmed, fact should be so stated above.