

No. 2
4-13-40
5-17-39
I X23189

PAID MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14067

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution:
State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mo. 5 da.
(Specify whether
In this community 5 mo. 5 da.
years, months or days)

3. (a) PRINT FULL NAME Alpha C. Evans

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased July 31, 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 68 | 8 | 1 | hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Barker

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Harley R. Evans & Hospital

(b) Address Pacific, Mo. records

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

(c) Place: burial or cremation Memphis, Missouri

18. (a) Signature of funeral director Betha Basket

(b) Address Memphis, Missouri

19. (a) April 3, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland 14

(c) City or town Rural 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept. 27, 1940, to April 1, 1941,
that I last saw her alive on April 1, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to _____

Due to _____ 97

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Ralph Hanks (M. D. or other) 9
Address Fulton, Mo. Date signed 4/11/41

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.....⁰

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

Signed..... *Alfred C Geith*.....

Licensed Embalmer No..... *3689*.....

P. O. Address..... *Memphis M*.....

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.