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

FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18411

Registration District No. 556 Primary Registration District No. 4328 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: Axtell Hospitol
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days Hosp. (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

(c) City or town Rural, Mercer Co. Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? RFD 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice 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 Married

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 23 (Day) 1878 (Year)

8. AGE: Years 63 Months 2 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Henry Mead
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Margaret Jane McGraw
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Paul Evans
(b) Address Mercer Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/41 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery Lineville Iowa.

18. (a) Signature of funeral director O. O. Greenlee
(b) Address Lineville Iowa

19. (a) 5/27-41 (Date received local registrar) (b) J M Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from May 20, 1941, to May 27, 1941 that I last saw her alive on May 27, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Injury by fall- fracture of surgical neck of right femur	7 days
Due to	
Due to	
Other conditions diabetes Melitis (Include pregnancy within 3 months of death)	3 years

Major findings:
Of operations 1864 18
Of autopsy NAO

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) accident
(b) Date of occurrence 5/20-41 065
(c) Where did injury occur? Farm (City or town) Mercer- Mo. (County) RFD 1 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home on farm caused by fall (Specify type of place)
While at work? yes (e) Means of injury

23. Signature Byron T Axtell D.O.
Address Princeton, Mo. Date signed 5/27.41

(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 Amew L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Mercer 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.