23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19378

State File No. ~~17031~~

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 149

1. PLACE OF DEATH:

(a) County Adair

(b) ~~City or town~~ Morrow Township
(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
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1 0 0

(c) City or town Rural
(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 George M. Evans

3. (b) If veteran, name war X

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August (Month) 1 (Day) 1880 (Year)

8. AGE: Years 62 ✓ Months 9 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Schuyler Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Henry B. Evans
13. Birthplace Don't know (City, town, or county) 4 England (State or foreign country)

MOTHER
14. Maiden name Nancy McKenzie
15. Birthplace Don't know (City, town, or county) / Kentucky (State or foreign country)

16. (a) Informant G Sturtzman
(b) Address Novinger Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 18 (Day) 1941 (Year)
(c) Place: burial or cremation Campbell Cem.

18. (a) Signature of funeral director Glenn E Kent & Son
(b) Address Green City, Mo.

19. (a) May 24/41 (Date received local registrar) (b) Spencer L Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 4 PM minute ____ M.

21. I hereby certify that I attended the deceased from Jan ____, 1941, to May 15, 1941; that I last saw him alive on May 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to ✓

Due to ✓

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

Major findings:
Of operations None
Of autopsy None

Duration: one year

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)
3 While at work? ✓ (e) Means of injury ✓

23. Signature H T Garrison (M.D. or other)
Address Novinger Mo Date signed 5-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1175
Date Filed JUN 18 1941

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.

No. 2B
5-25-41
X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19376

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 149

1. PLACE OF DEATH:
(a) County Adair
(b) ~~City or town~~ Morrow T.P.
(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 (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Geo M. Evans
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 1 (Month) 1880 (Day) (Year)
8. AGE: Years 60 60 Months 9 Days 14 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) July 18/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 1 minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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
23. Signature F. T. Garrison (M. D. or other)
Address Novinger, Mo. Date signed

SUPPLEMENTARY

19378