



Registration District No. 44

Primary Registration District No. 5066

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Iantha
 (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
 In this community 60 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Iantha
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Walter Evilsizer

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Evilsizer 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 27th, 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 14 hr. min.

9. Birthplace East St Louis, Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Hoy Evilsizer

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

14. Maiden name Jane Beasley

15. Birthplace Randolph CO, MO.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Evilsizer

(b) Address Iantha, MO

17. (a) Burial (b) Date thereof 5-13th-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) 5-12-1941 (b) G. L. Locker, M.D.
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 11th
 year 1941 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 9, 1941, to May 11, 1941;
 that I last saw him alive on May 11, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death uremia
 Due to Chronic Nephritis

Due to

Other conditions Enlarged Prostate
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 12/8
 Of autopsy

Duration 1 week
1+ years
 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?

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

23. Signature Fern T. Bichel (M. D. or other) M.D.

Address Lamar, Mo. Date signed May 12 1941

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

006

X28390

RECEIVED

District Health Officer No. 6,

District File Number 641-838

Date Filed JUN 2 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 *R. W. [Signature]*

Licensed Embalmer No. 3141

P. O. Address Lamar Pro

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.