

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

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILLED JUL 9 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
523 East 13th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 231 So. Grand 4  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martin Henry Evers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-07-4359

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

6. (b) Name of husband or wife Maude Evers 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 5 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Tailor

11. Industry or business Lower's Tailor Shop

12. Name John Evers

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

14. Maiden name Wilhelmina Stockfelt

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

16. (a) Informant Mrs. Maude Evers

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 6/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt, Missouri

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

(b) Address Sedalia, Mo.

19. (a) 6/28/41 (b) Wm. Henry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1941 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 26, 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Deep vein thrombosis, sudden death, coronary artery disease, atherosclerosis, high cholesterol  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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 6/28/41  
(c) Where did injury occur? at work (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at work

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

23. Signature W. J. Bishop (M. D. or other) \_\_\_\_\_  
Address Sedalia, Mo. Date signed 6/28/41

RECEIVED  
Health Officer No. 8  
7-7-41

**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 L. C. Boulestin  
Licensed Embalmer No. 3867  
P. O. Address Seebaldia 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.**