

No. 2  
4-13-40  
5-17-39  
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FILED JUL 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22966**

Registration District No. **580** Primary Registration District No. **6110** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Vernon**  
(b) City or town **Rural Clear Creek**  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Vernon**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Clear Creek Puff**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **MALISSA EVANS**  
3. (b) If veteran, name war   
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **28**  
year **41** hour **8** minute **30 P.M.**

4. Sex **F** 5. Color or race **W**  
6. (a) Single, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 17 1856**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 18**  
**1941**, to **June 28**, 19**41**;  
that I last saw her alive on **June 28**, 19**41**;  
and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **10** Days **11** If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Chronic Industrial Nephritis**

9. Birthplace **Henry Co. Mo**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation **Housework**

Other conditions (Include pregnancy within 3 months of death) **W.P. Royston**

11. Industry or business \_\_\_\_\_  
12. Name **Thomas Evans**  
13. Birthplace **Henry Co. Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Harrietta Bailey**  
15. Birthplace **Henry Co. Mo**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant **Mrs. Earl Marshall**  
(b) Address **El Dorado Spg. Hse**  
17. (a) **Burial** (b) Date thereof **6-30-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **Harwood**  
18. (a) Signature of funeral director **Harwood**  
(b) Address **Harwood Mo**  
19. (a) **7-2-41** (b) **C.A. Davis**  
(Date received local registrar) (Registrar's signature)

While at work? **790** (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **W.P. Royston** (M. D. or other) **4/20**  
Address **El Dorado Springs** Date signed **June 28 1941**

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1170

Date Filed 7-14-41

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.