. No. 2
-4-13-40
5-17-39
PI X23159

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

MENT OF COMMERCE
EAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25285

Registration District No. 3020 — Primary Registration District No. 3020 — Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Stone Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community Ten Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rurial (If outside city or town limits, write "RURAL")

(d) Street No. Reeds R# 1. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Leon Howard Evans

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Feb. (Month) 27 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
17	4	22	hr. min.

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

10. Usual occupation School Boy

11. Industry or business None

FATHER
12. Name Howard Hardy Evans
13. Birthplace Golden City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Florence Oliver
15. Birthplace Maple Grove (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Howard Evans

(b) Address Reeds R# 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Dudenville Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) July 19, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1941 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from July 15, 1941, to July 19th, 1941, that I last saw him alive on July 19, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	4 da
Appendicitis	7 da
Due to	
121.1	
Due to	
Other conditions Asthma (Include pregnancy within 3 months of death)	4 mo.

Major findings:
Of operations Pus appendix perforated
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 Albert B Wheeler Do (M.D. or other) Do

Address Carthage Mo Date signed July 19, 41

(Licensed Embalmer's Statement on Reverse Side)

41-8-208

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25385

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Stone Memorial Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days) In this community: ~~10 yrs~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jasper

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Reeds R 1 - 10 years (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Leon H 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: S

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: 17 Years | Months | Days | If less than one day: ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

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) Sept. 16, 1941 (Date received local registrar) (b) E. J. McIntire, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 19 year 1941 hour ..... 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.

Immediate cause of death ..... Duration

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (c) Means of injury .....

23. Signature ..... (M. D. or other)

Address ..... Date signed .....

SUPPLEMENTARY

S-25285