

7-2
4-41
7-39
226390

FILED SEP 5 1943
Registration District No. _____

Primary Registration District No. 5056

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Golden City Twp
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Golden City Twp.
(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 Albert Franklin Evans

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

6. (a) Single, widowed, 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 Feb 4th, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 6 27 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Eugene ~~RANK~~ Evans

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

14. Maiden name Erlisa Fry

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

16. (a) Informant Clarence Evans

(b) Address Golden City, MO.

17. (a) Burial (b) Date thereof 9-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedarville Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Aug 31/41 (b) Mrs Margaret S. Fry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1941 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from April
10 (10) 1941 to Aug 31 1941
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho Pneumonia
Latent Tuberculosis

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 C. E. Duckert (M. D. or other) _____
Address Lamar, Mo Date signed 8/31/41

RECEIVED

District Health Officer No. 6,

District File Number 94-140A

Date Filed SEP 3 1941

SEP 10 1941

SEP 23 1941

SEP 17 1941

NOV 4 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.....

Licensed Embalmer No. 3141

P. O. Address Lamar Bros

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.