

FILLED OCT 27 1941

Registration District No. 210

Primary Registration District No. 5289

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Clinton

(c) Name of hospital or institution: U. I.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Virgil Berry Everett

(b) If veteran, name war _____

(c) Social Security No. _____

20. DATE OF DEATH: Month August day 18 year 1941 hour _____ minute 20 P.M.

4. Sex Male race White

5. Color or race _____

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

(b) Name of husband or wife Mamie Everett

(c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Dec 15 1885 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 38, 1941, to Aug. 17, 1941; that I last saw him alive on August 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration _____

Due to _____

Due to _____

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

8. AGE: Years 55 Months 8 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name David Everett

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

14. Maiden name Mattie C. Everett

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

16. (a) Informant Mr. Leslie Everett

(b) Address Temple Mo.

17. (a) Burial (b) Date thereof Aug 20 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. John

18. (a) Signature of funeral director J. F. Lyon

(b) Address Stewartville Mo.

19. (a) Sept 11 41 (b) Mrs. John Gray (Date received local registrar) (Registrar's signature)

Major findings: Of operations 932

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 S. D. Reynolds (M. D. or other) 0

Address Platteburg Mo. Date signed 8-13-41

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.....

F. G. Lyons

Licensed Embalmer No. 952

P. O. Address.....

Stewartville

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.