

BUREAU OF THE CENSUS
FILED DEC 11 1941

State File No. _____

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 881

16
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Egypt Mills mo
(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

Elizabeth Caroline Evin

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 24 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>		<u>21</u>	hr. _____ min.

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

10. Usual occupation House work & telephone operator

MOTHER FATHER

11. Industry or business _____

12. Name Louis Schuetzman

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

14. Maiden name Heneretta Neidling

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

16. (a) Informant William R. Evin

(b) Address Egypt Mills mo

17. (a) Burial (b) Date thereof 11-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Mills mo

18. (a) Signature of funeral director Delbrough Sun Stone

(b) Address Cape Girardeau mo

19. (a) 11-17-41 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 41 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 11/10 1941 to 11/15 1941
that I last saw her alive on 11/15 1941
and that death occurred on the 15 day and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to _____

Other conditions 135
(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)
(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 0
23. Signature D. H. Galanti (M. D. or other)
Address Cape Girardeau Date signed 11/17/41

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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 W.H. Estes

Licensed Embalmer No. 3568

P. O. Address Osage Hill, 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.