

No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38926

DEC 22 1941

State File No. _____

Registration District No. 82-345

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Matthews
(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 _____
In this community 5 Weeks / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Howard
(c) City or town Judson
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME George William Evans

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rachel Evans 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 11 23 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name Thomas Evans

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

14. Maiden name Mary K. Marshall

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

16. (a) Informant Bertha Radcliffe
(b) Address Matthews Mo. R.F.D. # 1

17. (a) Burial (b) Date thereof 12/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Judson Indiana

18. (a) Signature of funeral director Hunter Abbotton
(b) Address Sikeston Mo

19. (a) 12-14-41 (b) N.B. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1941 hour 10 minute 40 p.m.

21. I hereby certify that I attended the deceased from 12-2-41 to 12-13-41
that I last saw him alive on 12-13-41
and that death occurred on the date and hour stated above.

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

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: no
Of operations no
Of autopsy no

Duration _____
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) no
(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 no

23. Signature M. J. Anderson (M. D. or other) M.D.
Address Sikeston Date signed 12-14-41

1031 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 18 1947

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.....

.....Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address: Sikeston 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.