

No. 2  
-1-4-41  
5-17-39  
I' X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41949  
State File No. \_\_\_\_\_  
Registrar's No. 966

FILED JAN 21 1942  
Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: O'Reilly General Hospital  
(d) Length of stay: In hospital or institution 26 days  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Morehouse (Rural)  
(d) Street No. General Delivery  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Pvt. Buster V. Evans  
(b) If veteran, name war no  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month December day 10  
year 1941 hour 11 minute 25 A.M.  
21. I hereby certify that I attended the deceased from November 15, 1941 to December 10, 1941  
that I last saw him alive on December 10, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased January 17, 1912

Immediate cause of death Sarcoma, metastatic, generalized  
Duration ?

8. AGE: Years 29 Months 10 Days 23

Due to Sarcoma, primary, intermuscular fascia, left thigh ?

9. Birthplace New Madrid County, Missouri  
10. Usual occupation Farming

Other conditions: 552  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Gurley Evans  
13. Birthplace Warrick County, Indiana  
14. Maiden name Ettie May Kasinger  
15. Birthplace Gibson County, Indiana

Major findings: Of operations \_\_\_\_\_  
Of autopsy Confirmation of diagnoses \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant W.D., A.G.O. Form #20 and Gurley Evans  
(b) Address General Delivery, Morehouse, Mo.  
17. (a) Removal (b) Date thereof Dec. 11, 1941  
(c) Place: burial or cremation Sikeston, Missouri

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of general director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 12-16-41 (b) W. E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature William M. Krugsten Capt M.C. (M. D. examiner)  
Address O'Reilly Hospital Springfield, Mo. Date signed 12/11/41

**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.....

*Lewis A. Scherpf*

Licensed Embalmer No.....

*3807*

P. O. Address.....

*Springfield, 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.**

X