

FILED MAR 16 1942  
Registration District No. **784**

Primary Registration District No. **109**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home #  
(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 St. L. 96

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL.")

(d) Street No. 862 Greely  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Alice B. Evans

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F / 5. Color or race W

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

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

7. Birth date of deceased June 22, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>17</u>	..... hr. .... min.

9. Birthplace El Paso, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Richard Schofield

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

14. Maiden name Marjorie Gregg

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

16. (a) Informant Roger Evans

(b) Address 862 Greely

17. (a) Removal (b) Date thereof 3-9-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR - 9 1942 (b) C. H. Mc Larson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 11 1938 to March 4 1942  
that I last saw her alive on Mar. 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration 2 years

Cerebral Arteriosclerosis

Due to General Arteriosclerosis

Chronic Myocarditis, degenerative

Due to.....

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

Major findings:  
Of operations..... ASB

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.....

23. Signature Hiram L. Huggins (M. D. or other) MD.

Address 3720 Washington Date signed 3/9/42

*Harold Liggett*  
*3720 Washington*

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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..... *H P Burgess*  
Licensed Embalmer No. *4029*  
P. O. Address..... *Maplewood*

**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.**