

S. No. 2
M-1-4-41
v. 5-17-39
X26390

11244

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 24 1942

Registration District No. 5-08

Primary Registration District No. 2026

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location) 4 days
(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 Livingston
(c) City or town Dawn-Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles S; Dawn, Mo. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Everett Hayes Evans

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Martha J. Evans 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 13 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Livingston Mo. 6 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name E. A. Evans
13. Birthplace Wales 4 (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jones 4
15. Birthplace Wales 4 (City, town, or county) (State or foreign country)
16. (a) Informant Martha J. Evans (State or foreign country)
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) Welch Cem.
(c) Place: burial or cremation _____

18. (a) Signature of funeral director M. B. Norman
(b) Address Chillicothe, Mo.

19. (a) March 21 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1942 hour 7:30 minute _____ AM.

21. I hereby certify that I attended the deceased from March 15 1942 to March 20 1942 that I last saw him alive on March 19 and that death occurred on the date and hour stated above.

Immediate cause of death Infectious diarrhea Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1200

Major findings: Of operations _____
Of autopsy _____
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 M. B. Norman (M. D. coroner)
Address Chillicothe, Mo Date signed 3/21/42

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

59
2

054
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

408

3/21/42

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 2374
E. R. Norman, Registered Apprentice No. _____
working under my personal supervision.

Signed ER Norman
Licensed Embalmer No. 2374
P. O. Address Chillicothe, 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.