. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1942

Registration District No. 534

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14885

Primary Registration District No. 5717

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural, Lingo 2 [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Farm Home 2½ miles N.W. of New Cambria
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon

(c) City or town Rural New Cambria
(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 MARY ANN EVANS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased November (Month) 13 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	4	19	— hr. — min.

9. Birthplace New Cambria (City, town, or county) Mo (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

FATHER
12. Name Thomas O. Evans
13. Birthplace — (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name Maria Young
15. Birthplace — (City, town, or county) Wales (State or foreign country)

16. (a) Informant Ellen Evans
(b) Address New Cambria, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director J. E. Gilleland & Son
(b) Address New Cambria Mo.

19. (a) April 4, 1942 (Date received local registrar) (b) Almena M. Gilleland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2nd
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 2nd, 1942 to Apr 2nd, 1942
that I last saw h — alive on —, 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	30 Min
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [illegible] (M. D. ~~or other~~)

Address New Cambria Mo Date signed Apr 4, 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-985
Date Filed MAY 13 1942

JUN 30 1942

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. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Bambria, 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.