

No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14945

MAY 23 1942
Registration District No. 353

Primary Registration District No. 43255746

State File No. _____
Registrar's No. 31

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Lineville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mason Supp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 11 months (Specify whether
in this community II months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Lineville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Martin Evans
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Evans
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 7, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 14 hr. min.

9. Birthplace Appanoose County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name James Martin

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

14. Maiden name Adaline Gardner

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

16. (a) Informant Mrs. Della M. Turner
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 4/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilder Cemetery

18. (a) Signature of funeral director C. C. Greuler
(b) Address Lineville Iowa

19. (a) April 24 1942 (b) Jesus Allen
(Date received local registrar) (Registrar's signature)

1117 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 31
year 1942 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 19 1942 to Apr 25 1942
that I last saw her alive on Apr 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 2 weeks

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 131P

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 Dr. J. H. ... (M. D. or other) _____

Address Mercer Mo. Date signed 4-25-42

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Amos L. Greulee

Licensed Embalmer No.

3967

P. O. Address

Mercer 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.