

FILED JUN 4 1942 8 2 2 2
Registration District No. 21

Primary Registration District No. 4135-5303

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper ²⁷

(c) City or town Pilot Grove, Mo. ³
(If outside city or town limits, write "RURAL")

(d) Street No. Rural. (If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME Luther L. Evans.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1942 hour 11 minute 30 a.m.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed 2

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

7. Birth date of deceased. March 3 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1st 1942 to May 14 1942 that I last saw him alive on May 14 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 3 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death apoplexy

Due to _____

Due to _____

9. Birthplace Boone County, Missouri. 0
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER

12. Name Willis J. Evans.

13. Birthplace Kentucky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Jane N. Vanhorn.

15. Birthplace Maryland. 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. R. L. Evans.

(b) Address Boonville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Grove Cem. Midway, Mo.

(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 _____

18. (a) Signature of funeral director Goodman Miller

(b) Address Boonville, Mo.

19. (a) May-15-42 (b) Dy Chas. Swap
(Date received local registrar) (Registrar's signature)

23. Signature R. L. Evans (M. D. or other)

Address Boonville Mo Date signed May 14

1088

07
7-2-42
RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-2-42

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.....

Licensed Embalmer No. 1178

P. O. Address.....

Boonville, 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.