

FILED JUN 13 1942 47
Registration District No.

Primary Registration District No. 3029

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

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Hannibal City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution H 23 S Sexton 1 0
 (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)

3. (a) PRINT FULL NAME Elizabeth Evans
 3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Wm Evans 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 1 9 1865
 (Month) (Day) (Year)

8. AGE: Years _____ Months 23 Days 76 If less than one day
77 hr. _____ min.

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

10. Usual occupation domestic

11. Industry or business _____

MOTHER FATHER { 12. Name no Record
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____ (State or foreign country)
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Judy Evans
 (b) Address H 23 S Sexton

17. (a) Burial (b) Date thereof 4-5-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial New London

18. (a) Signature of funeral director Wm E Roberts
 (b) Address Hannibal Mo

19. (a) May 5, 1942 (b) Robt. W. Connor
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 423 S Sexton St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1942 hour 7 minute 30 PM

21. I hereby certify that I attended the deceased from April 18 1942 to May 2 1942
 that I last saw him alive on May 2 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration _____

Due to _____
 Due to Strain of the Heart

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

Major findings: 1218
 Of operations _____
 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 H M McKee (M. D. optional) _____
 Address Hannibal Mo Date signed 5/9/42

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 *Geo E Roberts*.....

Licensed Embalmer No. *2113*.....

P. O. Address *Hannibal 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.