

18652

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

HLB JUN 10 1948

Primary Registration District No. 5-95

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ozark
 (b) City or town Bridges (rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bayou Sup
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 6 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark
 (c) City or town Elijah (rural)
 (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) PRINTED FULL NAME John Samuel Evans

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Julia Evans 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased 8 - 25 - 1874
 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Christian Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 12. Name Ben Evans
 13. Birthplace Douglas Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Wendy Ann DeBard
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Evans
 (b) Address Jackson mo.

17. (a) Burial (b) Date thereof 4. 6 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Spring Cem.

18. (a) Signature of funeral director J. B. Martin

(b) Address Gainesville Mo.

19. (a) 4-5-48 (b) C. A. Beach
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1948 hour 6 minute P M.

21. I hereby certify that I attended the deceased from March 1
 1948, to Apr 5, 1948
 that I last saw him alive on Apr 5, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatitis
& retention
 Duration 7 days

Due to _____

Due to _____

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

Major findings: _____
 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) Years of injury _____

23. Signature C. A. Beach (M. D. or other) _____Address Elijah Mo. Date signed 4-5-48

580 (Licensed Embalmer's Statement on Reverse Side)

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

41 15-35
1942-#-3
1874-8-25
67-7-10

41 15-35
1942-4-
1874-8-25
67-7-10

RECEIVED

District Health Officer No. 6,

District File Number 642-783

Date Filed JUN 9 1942

*This Body was not Embalmed
H. L. Mackey*

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.....
P. O. Address.....

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.