

No. 2
4-13-40
5-17-39
2, 71-59

FILED JUL 23 1942

Registration District No. 237 Primary Registration District No. 4444 5323 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Packe
(b) City or town Greenfield MO Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wentworth 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 87 81 years, months or days

2. USUAL RESIDENCE OF DECEASED:

State MO (b) County Packe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 81 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ANNIE FLORENCE EVANS
3. (b) If veteran, name war _____ 3. (c) Social Security No. MO

20. DATE OF DEATH: Month June day 11
year 1942 hour 8:30 AM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 22 1860
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Hemorrhage of Throat Duration 4/11/42

8. AGE: Years 81 Months mo Days 20 If less than one day _____ hr. _____ min.

Due to Died with out Medical attention
Due to _____

9. Birthplace Packe MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) none

10. Usual occupation Home Work

Major findings: Of operations _____

11. Industry or business _____

Of autopsy none

12. Name William H Wetzel

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

14. Maiden name Mary Ann Wetzel

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

16. (a) Informant Walmart Wetzel

(b) Address Greenfield MO

17. (a) burial (b) Date thereof 6-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield cemetery

18. (a) Signature of funeral director R L Thompson

(b) Address Rockyroad MO

19. (a) June 11 42 (b) Phyllis Lusk
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence June 11 1942
(c) Where did injury occur: at home Greenfield MO
(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 A. Green J.C. (M.D. or other) _____
Address Greenfield MO Date signed 6-11-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

9
0
0

1082

RECEIVED.

District Health Officer No. 6,

District File Number 742-914

Date Filed JUL 8 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 me

Registered Apprentice No. —

working under my personal supervision.

Signed R. L. Hainfield

Licensed Embalmer No. 3734

P. O. Address Lockwood

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 21005

Registration District No. 237

Primary Registration District No. 5323

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wade
 (b) City or town 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 _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Annie F. 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 W

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

7. Birth date of deceased Nov. 22 1860
 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 20 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day _____
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death _____

hemorrhage of throat
 Due to malignant condition
 Due to no Dr. present but nurse
 Other conditions not tubercular
 (Include pregnancy within 3 months of death)

Duration _____

Major findings:
 Of operations _____
 Of autopsy 458

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 _____ (M. D. or other)
 Address _____ Date signed _____

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

SUPPLEMENTARY

