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

1. PLACE OF DEATH: DeWitt County
(a) County
(b) City or town: Rural Walkersburg
(c) Name of hospital or institution: 1 Twy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mirouha Ellen Evans
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: 2 divorced, widowed
6. (b) Name of husband or wife: O. P. Evans
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: May 28 1858 (Month) (Day) (Year)

8. AGE: 84 Years 0 Months 21 Days If less than one day hr. min.

9. Birthplace: unknown Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

12. Name: Mrs. Randolph

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

14. Maiden name: Ruthie Harris

15. Birthplace: unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. E. Evans
(b) Address: St. Louis, Mo.
(c) Place: burial or cremation: Burial

17. (a) (b) Date thereof: June 21 1942 (Month) (Day) (Year)

18. (a) Signature of General Director: J. Smith, Jr.
(b) Address: Ralla, Mo.
(c) Place: burial or cremation: Burial

19. (a) 6-20-42 (b) J. Smith, Jr. (c) Ralla, Mo. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 33
(c) City or town: Rural Walkersburg
(If outside city or town limits, write "RURAL")
(d) Street No.: DeWitt County (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5/8/42, 19 to 6/19/42, 19 that I last saw her alive on 6/19/42 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage and pulmonary congestion
Due to: Cardiac & circulatory failure
Due to: Cardiovascular renal disease & senile degeneration
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: none
Of autopsy: none
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) (Means of injury)
23. Signature: J. Smith, Jr. (a) Ralla, Mo. (b) 6/20/42 (Date signed)

RECEIVED

District Health Officer No. 5,

District File Number 742401

Date Filed 7-7-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed Lou Clark

Licensed Embalmer No. 4216

P. O. Address Falla 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.