

S. No. 2  
M-9-4-41  
rv. 5-17-39,  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21256

State File No. ....

Registrar's No. ....

FILED JUL 13 1942

Registration District No. 328

Primary Registration District No. 3017

40  
1  
2

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

1. PLACE OF DEATH:

(a) County Grunley

(b) City or town Newton  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grunley

(c) City or town Newton  
(If outside city or town limits, write "RURAL")

(d) Street No. 1842 Carvers  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert G. EVORITT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Lora Ann Eworitt

(c) Age of husband or wife if alive 11 years

7. Birth date of deceased 11 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 3

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Elsha Eworitt

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

14. Maiden name Margaret Smith

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

16. (a) Informant Elliot Coon

(b) Address Spokane MO

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation Coon Cem

18. (a) Signature of funeral director E. M. Jordan

(b) Address Salisbury MO

19. (a) June 4, 1942 (Date received local registrar)

Nada W. Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1942 hour 11 minute 50 a.m.

21. I hereby certify that I attended the deceased from May 29th, 1942 to June 3rd, 1942

that I last saw him alive on June 3rd, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 1 year

Due to 2.2

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)

(c) Means of injury \_\_\_\_\_

23. Signature Olivier F. Duff (M.D. or other) \_\_\_\_\_

Address Newton MO Date signed June 4, 1942

1263 (Licensed Embalmer's Statement on Reverse Side)

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.....  
.....Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3453

P. O. Address Lebanon 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.**