

FILED JUL 17 1942
390

Primary Registration District No. 5546 A

Registrar's No. 44

47
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Arcadia
(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) PRINT FULL NAME James Brady Evans

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race whity 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Minnie Evans 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 26 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	8	27	hr. min.

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

10. Usual occupation carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name George S. Evans

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

14. Maiden name Columbia Brinker

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

16. (a) Informant Miss Blanche Evans
(b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 6-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address White Ironton Co.

19. (a) 6-29-42 (b) Vergene R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 20th
1942 to June 23rd 1942
that I last saw him alive on June 23rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute ilio-colitis Duration 6/20/42

Due to _____

Due to chronic cystitis
chronic myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
12067

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 R. E. Harland (M. D. or other) me
Address Arcadia, Mo. Date signed 6/27/42

RECEIVED

District Health Officer No. 4
District File Number 742-887
Date Filed 2-13-42

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.....

Amos J. White

Licensed Embalmer No. 3012

P. O. Address.....

Amos J. White

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.