

No. 2
4-13-40
5-17-39
P1 X23159

EILED AUG 10 1942
243
Registration District No. 243

Primary Registration District No. 5336

State File No. _____
Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Conway, mo Rural R#2
(c) Name of hospital or institution: Jackson Hosp
(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 VERNA EVANS
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harley Evans
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 1 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 6 14 hr. min.

9. Birthplace Dallas Co. mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry V. Clark
13. Birthplace Dallas Co mo (State or foreign country) 0
14. Maiden name Millie Jane Downing
15. Birthplace Marshfield mo (State or foreign country) 0

16. (a) Informant Harley Evans
(b) Address R# 2 Conway mo

17. (a) Burial (b) Date thereof May 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hermans Cemetery Dallas

18. (a) Signature of funeral director W E Holman
(b) Address Lebanon mo

19. (a) July 10-1942 (b) Mrs Arthur Hoover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Missouri (b) County Dallas
(c) City or town Conway R#2 (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.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1942 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial insufficiency
myelocytic leukemia
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations 930
Of autopsy _____

Duration
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 W F Gohlick (M. D. or other) _____
Address Hiango mo Date signed 6/17/42

RECEIVED

District Health Officer No. 71

District File Number 8-42-862

Date Filed 8-6-42

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 Dorsey M. Howe

Licensed Embalmer No. 4222

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.