S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26968

Registration District No. 75 — Primary Registration District No. 3015 — Registrar's No. 38

25
1
1

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. South Chestnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Lincoln Evans
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Evans
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 7th. 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	5	hr. min.

9. Birthplace Stanbery. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Poultry
FATHER
12. Name Thos. Evans.
13. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Lucinda Cranor
15. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Mrs S L Evans
(b) Address Cameron, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cem. Cameron, Mo.
18. (a) Signature of funeral director O A Moore
(b) Address Cameron, Mo.
19. (a) Aug 13, 1942 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

1686

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1942 hour 7 minute 30 p. M.
21. I hereby certify that I attended the deceased from June 10, 1942, to Aug 11, 1942 that I last saw him alive on Aug 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 Hr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 830

Major findings:
Of operations ✓
Of autopsy No

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 L Gilers (M. D. [illegible])
Address Cameron Mo Date signed 8/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 C A Moore

Licensed Embalmer No. 1180

P. O. Address Cameron 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.