

Registration District No. 133

FILED SEP 11 1942
Primary Registration District No. 3022

Registrar's No. 62

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

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wood Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Elle Evans
 (b) If veteran, name war ✓
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 2
 year 1942 hour 11 minute 05 P.M.
 21. I hereby certify that I attended the deceased from July 16
 1942 to Aug 2 1942
 that I last saw her alive on Aug 2 1942
 and that death occurred on the date and hour stated above.

4. Sex Female / race White
 5. Color or race _____
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Emerson Evans
 (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased: June 11 1871
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia
 Due to Attempted suicide by
drowning on July 1
 Due to 31, 1942
 Duration _____

8. AGE: Years 71 Months 1 Days 21
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name Robert Jones
 13. Birthplace Ky
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Smith
(City, town, or county) (State or foreign country)
 15. Birthplace Ky
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: 107
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Emerson Evans
 (b) Address Bethany MO
 17. (a) Burial (b) Date thereof Aug 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Burris Amelins
 18. (a) Signature of funeral director Joe E. Wheeler
 (b) Address Bethany MO
 (a) Aug 10-42 (b) Joe M. Duriss
(Date received local registrar) (Registrar's signature)

While at work _____
(Specify type of place)
 23. Signature Ralph L. Walker (M. D. or other) DO
 Address Bethany, MO Date signed 8/10/42

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address.....

Anthony No

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.