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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27335

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 212

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 2 0
(c) City or town Sugar Creek (If outside city or town limits, write "RURAL")
(d) Street No. 210 South High (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 1

3. (a) PRINT FULL NAME GEORGE W. EVINGER
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 10 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
81	11	3	hr. min.

9. Birthplace Clark Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired Tool House man
11. Industry or business Standard Oil 60
FATHER
12. Name John L. Evinger
13. Birthplace Mahnown (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name Rebecca Beasley
15. Birthplace No record (City, town, or county) Illinois (State or foreign country)
16. (a) Informant David S. Evinger
(b) Address Sugar Creek, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Stanley, Kansas
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Mo.
19. (a) 8-14-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1942 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 26, 1942 to Aug 13, 1942 that I last saw him alive on Aug 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	6 Mos
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

93d

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. G. Dlabal M.D. (M. D. or other)
Address 10307 Indep. ave, K.C. Mo Date signed Aug 14 1942

1143 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.