S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33993

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 428

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 424, 1-2 Main St; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 42 years;
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")

(d) Street No. 424, 1-2 Main St;
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No 0

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3. (a) PRINT FULL NAME Doctor Milton Harvey Evans;

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex malex

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ellen W. Evans

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 21, 1861;
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Plainfield Ill; /
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Milton Harvey Evans;
13. Birthplace Mass; /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Cass
15. Birthplace Mass /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen W. Evans
(b) Address 424, 1-2 Main St; Joplin Mo;

17. (a) Burial (b) Date thereof Oct. 8, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 10-8-42 (b) Gertrude Sudhoelter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 6, day 1942
year hour 5-30 A.M. minute M.

21. I hereby certify that I attended the deceased from March 1942
, 19, to Sept 2, 1942
that I last saw him alive on Oct 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Duration 5 yrs.

Due to

Due to

93d

Other conditions
(Include pregnancy within 3 months of death)

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 0

23. Signature Guy I. Nunnelt (M. D. or other)

Address 401 Pines Bldg Date signed 10-6-42

1204

(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.