

FILED NOV 11 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Rural - Mill Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles south west Syracuse,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd  
year 1942 hour 10 minute 45 A. M.

I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 1942, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chron. Myocarditis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Smoking  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
23. Signature \_\_\_\_\_ (M. D. or other)  
Address Mushton Mo Date 10/23/42

3. (a) PRINT FULL NAME Mary Elizabeth Evans

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August, 26th, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 1 26 hr. min.

9. Birthplace Florence, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business home

12. Name William Evans

13. Birthplace Zanesville, Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Giles

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant John Evans

(b) Address Syracuse, Mo.

17. (a) Burial (b) Date thereof 10/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cenatery

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Tipton, Mo.

19. (a) 10-26-42 (b) Opal Baulch  
(Date received local registrar) (Registrar's signature)

1065 (Licensed Embalmer's Statement on Reverse Side)

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

71  
0  
0

RECEIVED

District Health Officer No: 7,

District File Number 11-42-1162

Date Filed 11-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>*was*</sup> ~~was~~ embalmed by me, or by *Wicker* ~~me~~ *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Jessie E. Richard*  
Licensed Embalmer No. *2466*  
P. O. Address *Lepton, 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.