

S. No. 2
OM-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40648

FILED JAN - 9 1943
Registration District No. 281

Primary Registration District No. 5409

State File No.

Registrar's No. 76

34
00

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Miller

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava Rural

(d) Street No. Route

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

If yes, name country.....

3. (a) PRINT FULL NAME James Evans

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1942 hour 2 minute 30 P.M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mary Jane Evans 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug. 3 1850

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 4 Days 12 If less than one day hr. min.

Immediate cause of death Death due to Natural Causes & old age without presence of doctor

Due to.....

Due to.....

9. Birthplace Unknown Arkansas

10. Usual occupation Rail Road workman

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

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Unknown Evans

13. Birthplace Unknown Arkansas

14. Maiden name Mary Ann Gipson

15. Birthplace Unknown Arkansas

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant George W. Evans

(b) Address Rt. 7 Springfield Mo

17. (a) Burial (b) Date thereof 12-17-42

(c) Place: burial or cremation Huffman

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?.....

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 1-2-43 (b) Shelma S. Waters

(Specify type of place) While at work?..... (c) Means of injury.....

23. Signature Shelma S. Waters M. P. Registrar

Address Ava, Mo. Date signed 1-3-43

1056

(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..... *W B Hutcherson*

Licensed Embalmer No. *3431*

P. O. Address..... *Area MD*

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.