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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 3 1943  
Registration District No. 280

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7278  
Registrar's No. 21

Primary Registration District No. 5964

83  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: PIATTE  
(a) County PIATTE  
(b) City or town RURAL - PETTIS Co.  
(c) Name of hospital or institution: 5 mi. East of Parkville  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: 83  
(a) State MO (b) County Platte 0  
(c) City or town Rural 0  
(d) Street No. 5 mi. East of Parkville  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Franklin Evans  
(b) If veteran, name war NO  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 29.  
year 1943 hour 9. minute 45 P.M.

4. Sex Male. 5. Color of skin White  
6. (a) Single, widowed, married. 2 Widowed  
6. (b) Name of husband or wife. Jennie Evans  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 19 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 29 1943 to Jan 29 1943  
that I last saw him alive on dead Jan 29 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis  
Duration Sudden

8. AGE: Years 87 Months 9 Days 10 If less than one day hr. min.

Due to General Debility  
Due to None of the above

9. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None of the above

10. Usual occupation

Major findings: Of operations None

11. Industry or business

Of autopsy None

12. Name John Evans  
13. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

14. Maiden name  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Randall  
(b) Address Parkville Mo 67043

17. (a) Burial (b) Date thereof Feb 2 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bremen ridge

18. (a) Signature of funeral director: Leland H. Edwards  
(b) Address Parkville Mo

19. (a) Feb 2, 1943 (b) Mrs. Clay Bifflee  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No No

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No  
While at work? None (Specify type of place) (e) Means of injury None

23. Signature W. H. Moore (M. D. or other) 3  
Address Dearborn Mo Date signed Jan 31 43

RECEIVED

District Health Officer No. *Platte County*

District File Number *3-43-26*

Date Filed *3-1-43*

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 *me*.

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

Signed *Leland H Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville 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.**