S. No. 2
OM—2-43
5-17-39
I X35697

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

1261

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12100

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3768

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(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 PHELPS 81 2
(c) City or town Rolla NR 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Bessie Gordon Evans
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver Evans
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December (Month) 12 (Day) 1882 (Year)

8. AGE: Years 60 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Edgar Gordon
13. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Stephen Hedrick
15. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Omer Evans
(b) Address 7020 Arcadia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) APR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 22, 1942, to Apr 21, 1943 that I last saw her alive on Apr 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyelonephritis	3-4 days
C.P.C. Lungs	3-4 d
Due to Cirrhosis liver, Biliary	10 mos
Degenerative Myocardial	?
Due to Disease	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Pyelonephritis
Of autopsy As above

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 J. Kakada (M. D. or [illegible])
Address Humboldt Bldg Date signed 4/22/43

(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.....J. Allen Hayes Jr

Licensed Embalmer No.....4055

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.