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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17782

State File No.

LED JUN 10 1943

Registration District No. 916 Primary Registration District No. 3020 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 Hooker St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 404 Hooker St.,
(If rural, give location)
(e) Citizen of foreign country? no. (~~Yes~~ or No)
If yes, name country ✓ ✓

3. (a) PRINT FULL NAME LUE ANN 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 Widowed
6. (b) Name of husband or wife Joseph W. Evans
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased September (Month) 14 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	15	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife (Retired)
11. Industry or business none

FATHER
12. Name James Jones
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Young
15. Birthplace Jackson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Leona Evans
(b) Address 404 Hooker St, Washington, Mo.
17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof June 1 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Carterville, Mo.
18. (a) Signature of funeral director Nieburg & Pitt, Inc.,
(b) Address Washington, Missouri
19. (a) 5/31/43 (Date received local registrar) (b) Fred Pritt D.V.M. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 29 year 1943 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from June, 1939, to May, 29, 1943, that I last saw her alive on May 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chronic myocarditis	3 yrs.
Due to arteriosclerosis	—
Due to	
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

23. Signature E. L. Tenner (~~M.D.~~ or other) D.O.
Address 309 W 4th Washington Mo. Date signed 5/31/43

(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~~ Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.