S. No. 2
M—9-4-41
5-17-39
FILE
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 3 1943

Registration District No. ~~310~~ 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Walsh

State File No. 17878

Primary Registration District No. 2001

Registrar's No. 385

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 864 N. Robberson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 864 N. Robberson
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): No
If yes, name country .....

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3. (a) PRINT FULL NAME: Huldah McEvilly
3. (b) If veteran, name war: no
3. (c) Social Security No.: 492-20-5862
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Nov. 25 1913 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
29	5	14	hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Claim Dept. Frisco R.R.
12. Name: Charles McEvilly
13. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)
14. Maiden name: Eda Edith Smalley
15. Birthplace: Farmington (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Edith McEvilly
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 11th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 5-11-43 (Date received local registrar) (b) W. E. Hankly (Registrar's signature)

MOTHER FATHER

Corrected 3-7-44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 2 minute a. M.
21. I hereby certify that I attended the deceased from May 9 19 43, to May 9 19 43 that I last saw her alive on Sept 28 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death: accidental overdose of headache tablets, 5 tablets
Due to each containing
Due to: Phenacetin 2 grains, aspirin 4 grains, Codeine 3 mins
None
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy:

Duration

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

19X
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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accidental overdose headache tablets
(b) Date of occurrence: May 9, 1943
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: overdose of headache tablets

23. Signature: W. E. Welch (M.D. or other)
Address: 241 1/2 N. Com Springfield Mo Date signed: 5-11-43

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1945

JUN 22 1945

MAR 20 1945

MAR 15 1945

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene

State File No. 1
Local Registrar's No. 385

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19 day of February, 1945, before me appears Mrs. Eda McEvilly, who, upon her oath, states that the original record of birth/death for Huldah McEvilly, died May 9, 1943, in the State of Missouri, and which was filed at Springfield, Mo. on May 11, 1943, should be corrected as follows:

Item No. 14 should read EDA SMALLEY
Instead of Edith Smalley

Item No. 16 should read Mrs. Eda McEvilly
Instead of Mrs. Edith McEvilly

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Eda F McEvilly Mother
Relationship.

1352 Summit, Springfield, Missouri
Present Address.

Subscribed and sworn to before me this 19 day of February, 1945.

My Commission expires July 5, 1947 Leslie S. Jernigan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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K. 45

V. S. 135
M-5-43
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