

FILED JUL 10 1943

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fineford
(c) Name of hospital or institution: St. Joseph's No. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 2-17-43
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Evans

3. (b) If veteran, name war. 0 3. (c) Social Security No. 0

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Al 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)

7. Birth date of deceased Jan 29 1914
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joel Butcherie

13. Birthplace Ky (City, town, or county) (State or foreign country)

14. Maiden name Matthe M. Okey

15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address
17. (a) Urn (Burial, cremation, or removal) (b) Date thereof June 9, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Clonwood Mexico Mo

18. (a) Signature of funeral director T. E. Sherrill

(b) Address Mexico Mo

19. (a) 6-19-1943 (Date received local registrar) (b) Joel M. Moulthrop (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1943 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from 11-20-1944 to 6-18-1943
that I last saw him alive on 6-17-1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
coronary arteriosclerosis

Due to 93d
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy myocarditis
chronic myocarditis
coronary arteriosclerosis

Duration
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature T. E. Sherrill (M. D. or other)
Address Callaway Mo Date signed 6/18/43

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

MOTHER FATHER

14
1
2

1107

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.....

Carl E. Pugh
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Carl E. Pugh*
.....

Licensed Embalmer No. *3189*
.....

P. O. Address *Mexico - MS*
.....

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.