

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 4825

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: 630 W. Calhoun  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Marshfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Leona Olivia 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 William Evans 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased January - 5 - 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day \* hr. \* min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Ed Hamilton

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

14. Maiden name Mary Unknown

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

16. (a) Informant Douglas Evans

(b) Address Marshfield, Mo

17. (a) Burial (b) Date thereof 6-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope

18. (a) Signature of funeral director for family  
(b) Address Marshfield, Mo  
19. (a) 6-14-43 (b) Dr WMS Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1943 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5/25/43  
\_\_\_\_\_ 19\_\_\_\_ to 6/12 1943  
that I last saw her alive on 6/6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to Arterio sclerosis  
Heart Disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
23. Signature Guy D Callaway (M. D. or other) MD  
Address Springfield, Mo Date signed 6/14/43

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

39  
2  
6

MOTHER FATHER

9:6

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**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 *Lex Lantry*.....

Licensed Embalmer No. *3312*.....

P. O. Address *Marshfield, 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.**