

AUG 23 1943
Registration District No. 123

Primary Registration District No. 2.000

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

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:
702 S. Florence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 52 years
(Specify whether years, months or days)

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. 702 S. Florence
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Evertz

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Amanda Evertz 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 10, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Stove Manufacturer

12. Name Charles Evertz

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

14. Maiden name Lasetta Hamacher

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

16. (a) Informant Mrs. Amanda Evertz
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Aug. 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10,
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 8, 1943 to Aug 10, 1943
that I last saw him alive on Aug 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to Senility & Arterio Sclerosis

Due to _____

Other conditions f 30
(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 W. J. Powell (M. D. or other) M.D.
Address Springfield, Mo. Date signed 8-11-43

MOTHER FATHER

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

1000

MAY 8 1944

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 *E. C. Courtney*

Licensed Embalmer No. *1731*

P. O. Address *Springfield*

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.