

No. 2
4-13-40
5-17-39
K23159

31626

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED SEP 25 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 768

1. PLACE OF DEATH:

(a) County Bremer
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 975 Benton Ave.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULLNAME Eva Eugenia Coover

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 Widow

6. (b) Name of husband or wife Wm 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased August 30 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Rural Bremer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Bevington Bevanette

13. Birthplace Harrison County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mable Ann Hill

15. Birthplace Bremer County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Coover

(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof Sept 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Republic Missouri

18. (a) Signature of funeral director R. E. Primmer

(b) Address Republic Mo.

19. (a) 9-14-43 (b) W. W. Dandley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bremer 039
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 975 Benton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 14
year 1943 hour _____ minute 3:57 P.M.

21. I hereby certify that I attended the deceased from August 8 to Sept 14, 1943

that I last saw her alive on Sept 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 30 days

Due to hemiplegia 30 hrs

Due to Cardiac failure 36 hrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 30
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert Slym (M. D. or other) MD
Address Springfield, MO. Date signed 9/14/43

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

29
6

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.....

R. G. Kussman

Licensed Embalmer No.....

503

P. O. Address.....

Republic 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.

7