

FILED NOV 1 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K. E. Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3312 Hillham Plaza 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell  
(c) City or town Braymer rural  
(If outside the city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Margaret Hutchinson Evans

(b) If veteran, name war no (c) Social Security No. 496-16-8737

4. Sex Fe 5. Color or face Wh 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Charles Henry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 1/3 1881/1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Wm. S. Hutchinson  
13. Birthplace Dillon Iowa  
(City, town or county) (State or foreign country)  
14. Maiden name Sydney Arnold  
15. Birthplace Dillon Iowa  
(City, town or county) (State or foreign country)

16. (a) Informant Oscar Evans  
(b) Address 5000 S. Benton  
17. (a) Burial (b) Date thereof 10-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Braymer Mo.

18. (a) Signature of funeral director Bernard Mead  
(b) Address Braymer Mo.

19. (a) 10-18-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-12-43 to 10-17-43 19\_\_\_\_; that I last saw her alive on 10-15-43 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Cardio Vasculor  
Renal disease

Due to \_\_\_\_\_  
Due to 1310  
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 Wm. Wheeler (M. D. \_\_\_\_\_)  
Address 1500 N. of Bedg Date signed 10-18-43

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

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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 *Jack W. Laybourne*

Licensed Embalmer No. *1715*

P. O. Address *K. C. 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.**