

Registration District No. **272**

Primary Registration District No. **3044**

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Eldon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Schneider Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:-----

(a) State Missouri (b) County Miller **66**  
(c) City or town Eldon **1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Martha Ann Evans

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

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

6. (b) Name of husband or wife Harvey L. Evans 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 4 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Cornelius O'Leary  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Cissel  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Hartman  
(b) Address Kirkwood, Mo.

17. (a) Burial (b) Date thereof 12-24-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon, Missouri

19. (a) 12-24-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 22  
year 1943 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 2 1942 to 12/22 1943  
that I last saw him ~~her~~ alive on 12/27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
myocarditis ?  
Due to \_\_\_\_\_  
Severely ?  
Due to \_\_\_\_\_

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 G. D. Walker (M. D. or other) \_\_\_\_\_  
Address Eldon, Mo Date signed 1/2/44

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

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

RECEIVED

Miller County Health Dept.

County File Number 1014-1

Date Filed 1-6-48

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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.....

..... Louis D. Phillips ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address Eldon

**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.**