

FILED JAN 18 1943  
Registration District No. 66

Primary Registration District No. 6243

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural Liberty  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Surf  
(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 MO

(b) County Washington

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Ehs  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Evans

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex fy

5. Color or race race

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased mar 14 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ehs Mo O  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business house work

12. Name Joseph Carl

13. Birthplace Peters mo O  
(City, town, or county) (State or foreign country)

14. Maiden name Leann White

15. Birthplace Peters mo O  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr R L Hinchey

(b) Address Peters R 4

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof mar 30 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Ehs

18. (a) Signature of funeral director J. L. Sparks

(b) Address \_\_\_\_\_

19. (a) 12-8-1943  
(Date received local registrar)

(b) Joseph L. Thurman  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov day 28  
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 15 1943 to Sept 28 1943  
that I last saw him alive on Sept 15, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
left side

Due to \_\_\_\_\_

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: ffj

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? \_\_\_\_\_

23. Signature J. L. Sparks  
(M.D. or other)

Address Mo 12/1/43  
Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 144-3219  
Date Filed 1-11-44

**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 Ernest Sparks

Licensed Embalmer No. 14987

P. O. Address Hot River 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.**