

FILED FEB 14 1944

Registration District No. **251**

Primary Registration District No. **2048**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **Madison**  
(b) City or town **Manville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6 miles S. = Rural**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **all of life**  
years, months or days)

3. (a) PRINT FULL NAME **Roland Madison Evans**

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

4. Sex **M** S. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Mabel Stewart** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 10 1878**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **28** If less than one day hr. min.

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

10. Usual occupation **Farmer**

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

12. Name **Jonathan S. Evans**

13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Calaha Jones**

15. Birthplace **Buchanan Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James S. Evans**

(b) Address **Manville Mo.**

17. (a) **Rural** (b) Date thereof **1-11-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Manville Cemetery**

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **Manville Missouri**

19. (a) **1-12-44** (b) **Alvin Barber**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**  
(c) City or town **Manville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **S-6 M - Rural**  
**On Highway 71.** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **8**  
year **1944** hour **11:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 8 1944**  
to **Jan 8 1944**  
that I last saw him alive on **Jan 8 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
**Food poisoning**  
Due to **food eaten at his home**

Due to \_\_\_\_\_  
Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings: **177**  
Of operations **99**  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence **food eaten at his home**  
(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 **J M Boyle** (M. D. or other)  
Address **Manville, Mo** Date signed **1-20-44**

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

1349

FEB 19 1947

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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..... *William Campbell*  
Licensed Embalmer No..... *2670*  
P. O. Address..... *Marquette 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.**