

FILED MAY 8 1944

Registration District No. 29

Primary Registration District No. 4172

Registrar's No. 1917

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Stewartsville Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 36 hrs

3. (a) PRINT FULL NAME John, L Everett.

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

4. Sex male 5. Color or race white

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 Apr 22 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 11 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Common Labor

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

MOTHER FATHER { 12. Name James A Everett

{ 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Everett

{ 15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Everett

(b) Address Stewartsville Mo.

17. (a) Burial (b) Date thereof Mar. 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery,

18. (a) Signature of funeral director H. S. Mangley  
Stewartsville Mo.

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

19. (a) April 3 1944 (b) H. S. Mangley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph MO.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1010, So. 9th Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1944 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 2 1944, to April 2 1944  
that I last saw him alive on April 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation Heart

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

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

Other conditions (Include pregnancy within 3 months of death) 95c4

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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 M. S. Gull (M. D. or other) \_\_\_\_\_  
Osborn Mo Date signed 4/4/44

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

---

---

**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..... *J. L. Lyon*.....

Licensed Embalmer No..... 952.....

P. O. Address..... Stewartsville 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.**