

X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25237

Registration District No. 226

Primary Registration District No. 4336

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Healy
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Healy 69
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Fred Moore Evans

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1944 hour _____ minute 12:15 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism 1 dx.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) gtd

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

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 Dr. Wm. D. Cooper
Address Madison, Mo. Date signed 7/8/44

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Akers Evans 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8-8-1886 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Madison Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Marcellus E. Evans

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

14. Maiden name Ida Ella Moore

15. Birthplace Madison Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Evans

(b) Address Healy Mo

17. (a) burial (b) Date thereof July 8-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery

18. (a) Signature of funeral director W. S. Thompson

(b) Address Madison Mo

19. (a) 7/20/44 (b) Otis Healy (Date received local registrar) (Registrar's signature)

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

JAN 10 1945

RECEIVED

District Health Officer No. 90

District File Number 8-44-1351

Date Filed AUG 8 1944

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 *Mrs. Freda Thompson*

Licensed Embalmer No. 3282

P. O. Address *Madison, 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.