

No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30866

FILED OCT 11 1944

State File No. ....

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Henry

(b) City or town King City, 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 1  
(Specify whether \_\_\_\_\_)

In this community 41 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 31

(c) City or town King City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth M. Evans

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

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

6. (b) Name of husband or wife W.M. B. Evans 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 5, 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace 70-dawney County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Lemuel S. Mathis

13. Birthplace Unknown Ind. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret J. Banys

15. Birthplace Unknown Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Glady's Evans

(b) Address King City, Mo.

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

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Letaile M. Wilson

(b) Address King City, Mo.

19. (a) Sept. 16, 1944 (b) Robert M. Mathis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour 6 minute 9 P.M.

21. I hereby certify that I attended the deceased from Sept 6, 1944 to Sept 15, 1944 that I last saw her alive on Sept 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death apophy Duration 2 da

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

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

Other conditions acute Parotiditis  
(Include pregnancy within 3 months of death)

Major findings: Parasitilia H4C

Of operations \_\_\_\_\_

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

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 S. J. Blacklock (M. D. or other) \_\_\_\_\_  
Address King City, Mo. Date signed 9/15/44

1108

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1944

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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..... *Lucile M. Wilson* .....

Licensed Embalmer No. *2830* .....

P. O. Address..... *King City 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.**