

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37832

State File No.

FILED DEC 19 1944

Registration District No. 132

Primary Registration District No. 4203

Registrar's No. 333

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Galt
(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 1
(Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Galt 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. not numbered
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country - 11

3. (a) PRINT FULL NAME ROLLAND EYERS EVANS

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lesta Evans 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 12 - 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>11</u>	<u>✓</u> hr. min.

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

10. Usual occupation Farming

11. Industry or business -

12. Name Leander Evans

13. Birthplace Randolph Co Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Maria J. Hendrickson

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

16. (a) Informant Mr R.E. Evans
(b) Address Galt Mo

17. (a) Burial (b) Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galt Mo em.

18. (a) Signature of funeral director R. D. Johnson
(b) Address Galt Mo

19. (a) 11-28-44 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1944 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from 11-23-1944 to 11-23-1944
that I last saw him alive on 11-23-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
Duration 3 hr.

Due to 8301

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

Major findings:
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? -

(Specify type of place) -
(e) Means of injury -

23. Signature H.C. Weston (M. D. or other) MD
Address Galt, Mo. Date signed 11-23-44

1330 (Licensed Embalmer's Statement on Reverse Side)

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

40
0
0

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..... *P. K. Payne Jr*.....
Licensed Embalmer No..... *3400*.....
P. O. Address..... *Galt*.....

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.