

S. No. 2  
M-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

State File No. 41529

FILED JAN 13 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 5693

Registrar's No. 7

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

900

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Dawn *Blue Mountain*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Delivery-Dawn, Missouri.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 62 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 59

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

(d) Street No. General Delivery-Dawn, Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Minerva Evans

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

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

7. Birth date of deceased Jan. 6th. 1865  
(Month) (Day) (Year)

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

79 11 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace West Virginia.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name William Smith

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

14. Maiden name Duesenberry

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

16. (a) Informant Verna B. Clark

(b) Address Bloom, Kansas

17. (a) Burial (b) Date thereof 12-10-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collar Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri.

19. (a) Dec 14, 44 (b) Mary E. Griffiths  
(Date received local registrar) (Registrar's signature)

1005

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th.  
year 1944 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 10, 1944 to Dec 11, 1944  
that I last saw her alive on Dec 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency Duration \_\_\_\_\_  
Senility  
Old age

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

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

Other conditions (Include pregnancy within 3 months of death) 45 C 3

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) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Geo. Moore (M. D. or other) \_\_\_\_\_  
Paula Moore Date signed 12/11/44

Address \_\_\_\_\_

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.....

Elmer Thomas....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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.**