S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12621

Registration District No. 1 Primary Registration District No. 5004 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Rural Nuremah twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, Kirksville, Mo. R. R. No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town "Rural" Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Jane Evans

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John L. Evans

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. (Month) 2 (Day) 1877 (Year)

8. AGE: Years 67 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. L. McKenzie
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Johnson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John L. Evans
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Jewell Cemetery

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo

19. (a) 3-31-45 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1945 hour 9:30 minute P: M.

21. I hereby certify that I attended the deceased from Oct 1944, 19 , to March 20, 1945 that I last saw her alive on March 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease — Duration one year

Due to ✓

Due to ✓

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

Major findings:
Of operations ✓
Of autopsy ✓

92d

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 H. T. Garrison (M. D. ~~[illegible]~~)
Address Naunger Mo Date signed 3-22-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-662
Date Filed APR 13 1945

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.

JUN 25 1951

Signed D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.