S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13545

Registration District No. 141 | Primary Registration District No. 30-5 | Registrar's No. 46

1. PLACE OF DEATH:

(a) County: HOWELL

(b) City or town: WEST PLAINS, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RESIDENCE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)

In this community: 27 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL

(c) City or town: WEST PLAINS 46 (If outside city or town limits, write "RURAL")

(d) Street No.: 1006 GRACE AVE. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: PAUL EVANS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MYRTA ZELLA EVANS

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: AUGUST (Month) 10 (Day) 1868 (Year)

8. AGE: Years 76 | Months 7 | Days 28 | If less than one day: hr. min.

9. Birthplace: CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: NONE

11. Industry or business:

FATHER 12. Name: J. C. EVANS

FATHER 13. Birthplace: CLAY COUNTY, (City, town, or county) MISSOURI (State or foreign country)

MOTHER 14. Maiden name: ELIZABETH CAMPBELL

MOTHER 15. Birthplace: CLAY COUNTY, (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: MRS. DR. PAUL EVANS,

(b) Address: WEST PLAINS, Mo., 1006 GRACE AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APRIL 10, '45 (Month) (Day) (Year)

(c) Place: burial or cremation: OAK LAWN CEM. WEST PLAINS, Mo.

18. (a) Signature of funeral director: Hal Thomburgh

(b) Address: WEST PLAINS Mo.

19. (a) 4-11-45 (Date received local registrar) (b) [signature] (Registrar's signature)

1123

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8 year 1945 hour 12: minute 10 P.M.

21. I hereby certify that I attended the deceased from 19 54, to April 8, 1945; that I last saw h. alive on April 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	1-20-45
left Hemiplegia	1-20-45
Due to	
Due to Lobar pneumonia	1-9-45
Other conditions (Include pregnancy within 3 months of death) Diabetes	1935

Major findings:
Of operations:
Of autopsy: (0)

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:

Signature: E. G. Bohrer (M.D. or other) MD

Address: West Plains Mo. Date signed 4-10-45

RECEIVED
District Health Officer No 5,
District File Number 545253
Date Filed 5-10-45

MAY 16 1957

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 Hal Thoroughman

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.