V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 210

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13985

Primary Registration District No. 5776

Registrar's No. 16

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Rural Washington Township
(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 (Specify whether
In this community 61-7-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Mercer

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

(d) Street No.: Washington Township
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Herbert 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: Sarah M. Evans

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Aug (Month) 20 (Day) 1883 (Year)

8. AGE: Years 61 Months 7 Days 0 If less than one day hr. min.

9. Birthplace: Grundy Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Landon Burr Evans
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Clarissa Ann Nichols
15. Birthplace: Iowa (City, town, or county) (State or foreign country)

16. (a) Informant: Sarah Evans
(b) Address: Mill Grove Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar-22-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Cem Spickard Mo

18. (a) Signature of funeral director: Schooler funeral Home
(b) Address: Spickard Mo.

19. (a) 3/28/45 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1945 hour 10 minute 40 P. M.

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

	Duration
Immediate cause of death: Cancer of Spleen	6 m.
Due to:	
Due to:	
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)

While at work? (e) Means of injury

23. Signature: E W Ewing (M. D. or other)

Address: Spickard Mo Date signed 3/21/45

1367

(Licensed Embalmer's Statement on Reverse Side)

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.