

FILED JUN 13 1945

Registration District No. 205

Primary Registration District No. 4316

Registrar's No. 4

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

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1. PLACE OF DEATH:

(a) County Mason

(b) City or town New Cambria
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mason

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM D. EVANS

(b) If veteran, name war _____

(c) Social Security No. 712-12-3478

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Mary E. Evans

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 16 1876
(Month) (Day) (Year)

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

68 8 26 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Trucker

12. Name Daniel T. Evans

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

14. Maiden name Elizabeth Jones

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

16. (a) Informant Lorraine J. Evans

(b) Address Praymer Mo.

17. (a) Burial (b) Date thereof May 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director H. H. Hilleland

(b) Address New Cambria, Mo.

19. (a) 5/24/45 (b) Alvina M. Hilleland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from May 8
1945 to May 12 1945
that I last saw him alive on May 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Crown Aneurism

Due to Arterio Sclerosis

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature H. P. Hilleland or other _____

Address Mason, Mo Date signed 5/24/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-45-1060

Date Filed JUN 12 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.

Signed H. J. Gilliland
Licensed Embalmer No. 4019
P. O. Address New Cambria 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.