S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17859

Registration District No. 290 — Primary Registration District No. 5983 — Registrar's No. (8) 32

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Regional Hospital, Ft Leonard Wood, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 37 D Pulaski, Housing Area
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Joe Holland Evered

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 single

6. (b) Name of husband or wife --

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

7. Birth date of deceased October (Month) 14 (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
4	6	17	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name John F. Evered
13. Birthplace Montgomery City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lorene Schulz
15. Birthplace Wellsville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr John F. Evered
(b) Address 37 D Pulaski, Housing Area, Ft Leonard Wood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 3 (Day) 1945 (Year)
(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director [signature]
(b) Address

19. (a) 1 May 1945 (Date received local registrar) (b) Rex M. Pruitt Capt MAC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1945 hour 1:[illegible] minute 20 P. M.

21. I hereby certify that I attended the deceased from 29 April 1945 to 1 May 1945 that I last saw him alive on 1 May 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute lymphatic leukemia	3 weeks
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 Carlton J. Brown Maj (Sr. Bn. or other) M.C.
Address Reg. Hosp. Date signed 1 May '45

1-10-1945 70 Choo M [illegible] Reg

(Licensed Embalmer's Statement on Reverse Side) Fort Leonard Wood Missouri

17267

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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City M

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.