V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23816

State File No.

FILED AUG 2 1945

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 82-

27
2

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
Mo. Training School Hospital 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Scott 27

(c) City or town Sikeston 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUIS EVANS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 8 (Day) 1930 (Year)

8. AGE: Years 14 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Tyronza (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Reformatory Inmate

11. Industry or business Reform School

FATHER
12. Name Louis Evans
13. Birthplace (City, town, or county) Ark. (State or foreign country) 1

MOTHER
14. Maiden name Mattie Johnson
15. Birthplace (City, town, or county) Ark. (State or foreign country) 1

16. (a) Informant Reformatory Records
(b) Address Boonville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Reformatory Cem

18. (a) Signature of funeral director Stegner-Koenig
(b) Address Boonville, Mo.

19. (a) 7-31-45 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28
year 1945 hour 7 minute 00 P.M.

21. I hereby certify that I attended the ~~deceased~~ from Never Saw alive, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pharyn Gitis Laryn Gitis and Broncho Pheumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pharyn Gitis. Laryn Gitis and Bronch Pheumonia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no,

(b) Date of occurrence July 28 - 1945

(c) Where did injury occur? no injury (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 James R. Smith 3 Coroner (M.D. or other)

Address 913 - 7th St Boonville Mo Date signed July 28-1945

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-1-45

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.