

FILED AUG 18 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **27615**
Registrar's No. **372**

Registration District No. **26**

Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3115 Joplin Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Paul E. Everhart**
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**
(b) Name of husband or wife **Marguerite Everhart** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **February 20, 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 5 7 _____ br. _____ min.

9. Birthplace **Cherokee Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **machine shop foreman**

11. Industry or business _____

MOTHER FATHER

12. Name **not known Everhart**
13. Birthplace **not known**
(City, town, or county) (State or foreign country)
14. Maiden name **Grace** **not known**
(City, town, or county) (State or foreign country)
15. Birthplace **McCune Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marguerite Everhart**
(b) Address **714 S. Quincy, Tulsa, Okla.**

17. (a) burial **(b) Date thereof** **7/30/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park PARKER-HUNSAKER**

18. (a) Signature of funeral director _____

(b) Address **1502 Joplin, Joplin Missouri**

19. (a) 7-28-45 **(b) Gustave Schickler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Oklahoma** (b) County **Tulsa**
(c) City or town **Tulsa**
(If outside city or town limits, write "RURAL")
(d) Street No. **714 S. Quincy**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27** year **1945** hour **3** minute **A** M.

21. I hereby certify that I attended the deceased from **July 25, 1945** to **July 27, 1945**
that I last saw him alive on **July 27** and that death occurred on the **27** date and hour stated above.

Immediate cause of death: **Acute Dilatation of heart.**

Due to **cause not known**

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____

Duration

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature: **W. Loveland** (M: D. or other) _____
Address: **Joplin Mo** Date signed: **7-27-45**

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

45-7-652

AUG 30 1965

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine Ave

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.