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M-543
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37356**
Registrar's No. **16**

FILED NOV 16 1945

Registration District No. **137** Primary Registration District No. **5736**

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

4
3
2

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: Senior Hosp

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Evans

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James Edward Evans 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 3 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Lincoln Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Tucker

13. Birthplace Lincoln Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Morehead

15. Birthplace Lincoln Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Evans

(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Oct. 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director James H. Portz

(b) Address Oregon Mo

19. (a) 10-25-45 (b) J. Chaney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1945 to Oct 22 1945.
that I last saw h. so alive on Oct 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Arterial Proevmanic stroke Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy none 107

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? none
(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 W. J. Newberry (M. D. or other) _____
Address W. J. Newberry, Mo Date signed 10-24-45

1454 (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

James H. Pittyoh

Licensed Embalmer No.

3192

P. O. Address

Oregon 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.