

FILED APR 2 1946

Registration District No. 260

Primary Registration District No. 5884

State File No. _____
Registrar's No. 2

1. PLACE OF DEATH:
 (a) County Osage
 (b) City or town Rural- Washington
(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 4 hrs - 12 minutes.
(Specify whether years, months or days)

3. (a) PRINT David Joseph Even
 FULL NAME
 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 Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 9th, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 12 min.

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Infant

11. Industry or business _____
 12. Name Henry A. Even
 13. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Margarete W. Wilde
 15. Birthplace Freeburg, Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Henry A. Even
 (b) Address Freeburg, Missouri
 17. (a) Burial (b) Date thereof 3/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Freeburg, Missouri

18. (a) Signature of funeral director Clyde Worton
 (b) Address Box 144, Linn, Mo.
 19. (a) 3-11-46 (b) Mrs. H. H. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage 76
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Washington township
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
 year 1946 hour 6 minute 1:47 A.M.
 21. I hereby certify that I attended the deceased from 3/9/46 1946 to 6: A.M. 3/9/46 1946
 that I last saw him alive on 3/9/46 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth, at 7 1/2 months gestation.
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy, within 3 months of death)

Major findings: 159
 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 W. H. Moore (M. D. or other) D.O.
 Address Argyle, Mo. Date signed 3/11/46

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

5156

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-1-46

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.