

FILED APR 22 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. **12056**

Registration District No. **1**

Primary Registration District No. **3000**

Registrar's No. **94**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Richsville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Laurel Hill**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **thirteen days**
(Specify whether in this community years, months or days) **life time**

3. (a) PRINT FULL NAME

GELEN 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**
6. (b) Name of husband or wife **Lula** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Feb 9 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **15** Days **15** If less than one day hr. min.

9. Birthplace **Adair Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Planning & Heating**

11. Industry or business

12. Name **Samuel H. Everhart**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Bailey**

15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula Everhart**

(b) Address

17. (a) **Burial** (b) Date thereof **2-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Crest**

18. (a) Signature of funeral director **Sumner Howell**

(b) Address **Richsville Mo**

19. (a) **3-27-46** (b) **Wate Lambert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**
(c) City or town **Richsville**
(If outside city or town limits, write "RURAL")
(d) Street No. **1700 S First**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **24**
year **1946** hour **10** minute **25A** M.

21. I hereby certify that I attended the deceased from **2/11**, 19**46** to **2/24/46**, 19**46**
that I last saw him alive on **2/24/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral & Stomach**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **Dr. W. H. Campbell** (M. D. or other)

Address **Richsville Mo** Date signed **3/25/46**

RECEIVED

District Health Officer No. 10

District File Number 4-46-810

Date Filed APR 19 1946

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

W. C. Summers

Licensed Embalmer No.

2159

P. O. Address

Richsville 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.