

S. No. 2  
M-9-4-41  
ev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15769

State File No. \_\_\_\_\_

**FILED JUN 10 1946**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 579

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: St. Joseph Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 yrs 4 mos 9 days  
(Specify whether)

In this community: 6 yrs. 4 mo. 3 da.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: St. Joseph Mo  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No.: 5825 Hardisty  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Ruby Evans

3. (b) If veteran, name war: FRAN

3. (c) Social Security No.: 720

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 1946  
year 1946 hour after minute 12 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1946 to 5/19 1946  
that I last saw him alive on May 17 1946  
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White

6. (a) Name of husband or wife: Charles E Evans 6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Feb 14 1890  
(Month) (Day) (Year)

Immediate cause of death: Myocardial infarction Duration: 3 days

Due to: arteriosclerosis 2 yrs or more

8. AGE: Years 56 Months 3 Days 5 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: \_\_\_\_\_

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

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

10. Usual occupation: house wife

11. Industry or business: at home

12. Name: J. H. Wagoner

13. Birthplace: Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name: Beta Caswood

15. Birthplace: Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles E Evans

(b) Address: 5825 Hardisty

17. (a) Burial: burial (b) Date thereof: 5/19/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1302 Faraon, St. Joseph, Missouri

19. (a) May 20, 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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: \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_

Address: State Hospital # 2 Date signed: 5/19/1946

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

14601

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**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 *Robert E. Harrington*  
Licensed Embalmer No. *3258 Ind*  
P. O. Address *St. Joseph, Ind*

**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.**