

No. 2
M-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17364**
Registrar's No. **177**

FILED JUN 12 1946
Registration District No. **209**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:
(a) County **Maxion**
(b) City or town **Hannibal**
(c) Name of hospital or institution: **Leveying Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Rolls**
(c) City or town **Greeter**
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Mary Elizabeth Evans**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **9th** year **1946** hour _____ minute **2:30** P.M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **June 20, 1855**

21. I hereby certify that I attended the deceased from **May 26** 19**46** to **May 9** 19**46** that I last saw her alive on **May 9** and that death occurred on the date and hour stated above. Immediate cause of death **Coronary Arteriosclerosis**

8. AGE: Years **90** Months **10** Days **19** If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace **UNKNOWN** (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation **Retired**

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Jesse McGrew**
13. Birthplace **UNKNOWN** (City, town, or county) _____ (State or foreign country) _____
14. Maiden name **Jane Hendrix**
15. Birthplace **UNKNOWN** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **Ray Brashear**
(b) Address **Bates Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 11, 1946** (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Ben.**

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? _____

18. (a) Signature of funeral director **James O'Rourke**
(b) Address **Hannibal Mo**
19. (a) **5-13-46** (Date received local registrar) (b) **Dr E. M. Lucke** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. B. Norton** (M. D. or other) _____
Address _____ Date signed **5-13-46**

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.

Signed A. M. O'Connell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.