

STANDARD CERTIFICATE OF DEATH

28073

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Woodland Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Huntsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. South Depot
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME

Hessie 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 married
 6. (b) Name of husband or wife Ollie Evans 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased January 10 1888
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Brunswick Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name James H. Britt
 13. Birthplace Brunswick Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie E. Elliott
 15. Birthplace Brunswick Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ollie T. Evans
 (b) Address Huntsville, Missouri
 17. (a) burial (b) Date thereof 8/12/1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tony B. Patton
 (b) Address Huntsville, Mo
 19. (a) 8-12-46 (b) Dean Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
 year 1946 hour 7:00 A.M. minute M.

21. I hereby certify that I attended the deceased from July 26, 1946, 1946 to Aug 10 - 1946, 1946
 that I last saw him alive on Aug 10, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure Duration 2 hours
Carcinoma of the Pancreas with generalized Abdominal metastases

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Carcinomatosis of the abdominal viscera.
 Of autopsy none

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?.....
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place) (e) Means of injury no

23. Signature H. B. Burton (M. D. or other) no
 Address Woodland Hospital Date signed 18 Aug 46

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

RECEIVED
District Health Officer No. 1
District File Number 9-46-166
Date Filed --SEP-7--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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntville md

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.