

FILED OCT 10 1946

Registration District No. 243

Primary Registration District No. 5833

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stark City
(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 _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ETTA EVERT

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, widowed

6. (b) Name of husband or wife James Evert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 19 1971
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	5	29	hr. min.
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9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name N. B. Lawrence

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

14. Maiden name Dora Nelson

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

16. (a) Informant Clyde Allman

(b) Address Stark City Mo

17. (a) Burial (b) Date thereof 9-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elie Cemetery

18. (a) Signature of funeral director Charles Funeral Home

(b) Address Cassville Mo

19. (a) 10-2-46 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Stark City
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1946 hour 5 minute PM

21. I hereby certify that I attended the deceased from Jan 18 1946 to Sept 18 1946
that I last saw her alive on Sept 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion 2 days

Due to Chronic Valvular heart

Other conditions (include pregnancy within 3 months of death) 10 yrs

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy 93D

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)

23. Signature Dr. M. J. ... (e) Means of injury _____ (D. or other)

Address 708 ... Date signed 10-2-46

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

29874

RECEIVED

District Health Officer No. *Neiveto*
District File Number *1046-148*
Date Filed *10-8-46*

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 *G E Culver*

Licensed Embalmer No. *3584*

P. O. Address *Cassville 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.