

FILED DEC 9 1946
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 243

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1106 Poplar St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1106 Poplar St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Francis Marion EVANS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Knight Evans 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 Unknown hr. min.

9. Birthplace Knoxville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Minning

11. Industry or business _____

12. Name Samuel Evans

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

14. Maiden name Louise Baker

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

16. (a) Informant Mrs. Ellen Knight Evans (Wife)

(b) Address 1106 Poplar St., Carthage, Mo

17. (a) Burial (b) Date thereof 11 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxis, No.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 11-26-46 (b) J. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th.
year 1946 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from 10-8
1946 to 11-24 1946
that I last saw him alive on 24 Nov 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis 5 hrs
Due to: Chronic Arteriosclerotic Heart Disease 6 yrs

Other conditions Bronchial Asthma Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D
Of autopsy _____

Duration
5 hrs
6 yrs
Unknown
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? _____ (Specify type of place)
(e) Means of injury _____

Signature [Signature] (M. D. or other) MD

Address 407 Main Carthage Mo signed 11/24/46

46-11-944

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..... *Gene C. Pugh*
Gene. C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address Carthage, Missouri.

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 is not embalmed, fact should be so stated above.