

No. 2  
5-43  
17-39  
X36671

FILED JAN 20 1947

Registration District No. 17

Primary Registration District No. 4060

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Breckenridge  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 10 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell 1300

(c) City or town Breckenridge  
(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 \_\_\_\_\_ D

3. (a) PRINT FULL NAME JAMES ROBERT EVANS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 9, 1946  
(Month) (Day) (Year)

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

0 0 18 ✓ hr. ✓ min.

9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Hennis Grover Evans

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

14. Maiden name Lila Mae Bassett

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

16. (a) Informant Jamie Bassett

(b) Address Breckenridge, Mo.

17. (a) Burial (b) Date thereof Dec. 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ryan Hill - Breckenridge, Mo. Hospital

18. (a) Signature of funeral director Gene C. Michael

(b) Address Graymer, Mo.

19. (a) 1-7-47 (b) Mrs. Nell B. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 4-30 minute 2 M.

21. I hereby certify that I attended the deceased from not attended \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw live alive on dead \_\_\_\_\_, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Duration 18

Due to Toxic delivery in general osteopathic hospital St Joseph Mo

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy viewed 1600

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) Accident 131

(b) Date of occurrence Dec 10 - 1946

(c) Where did injury occur? Osteopathic hospital St Joseph Mo  
(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 \_\_\_\_\_ D

23. Signature E A Hornsman (M. D. or other) \_\_\_\_\_

Address Breckenridge, Mo. Date signed \_\_\_\_\_

2. 23. 1932

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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. Michael  
Licensed Embalmer No. 4340  
P. O. Address Braymer, 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.**