

FILED FEB 11 1947

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 233

1. PLACE OF DEATH:

(a) County DUNKLIN  
(b) City or town DUNKLIN - Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution NONE (Specify whether  
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Solano 999  
(c) City or town Vallejo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herbert Amos EVANS

3. (b) If veteran, name war No. 3. (c) Social Security No. 559-09-8155

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married divorced \_\_\_\_\_

6. (b) Name of husband or wife Gaytha J. EVANS 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 6-12-1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Huston County Minnesota (City, town, or county) (State or foreign country)

10. Usual occupation CONSTRUCTION ENGINEER

11. Industry or business CONSTRUCTION

12. Name John A. EVANS

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

14. Maiden name Almeda P. Bacon

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

16. (a) Informant MRS. H. A. EVANS

(b) Address Kennett - Mo.

17. (a) Burial (b) Date thereof 1-20-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge - Kennett Mo.

18. (a) Signature of funeral director Paul Sulman

(b) Address Kennett Mo.

19. (a) 1-20-1947 (Date received local registrar) (b) Card Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day January 1947 year. hour 4:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 15, 1947, to Jan 17, 1947, and that I last saw him alive on Jan 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure - of a chronic decompensated heart.

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

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

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

Major findings: Of operations \_\_\_\_\_ Of autopsy ASC

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) no

(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? no

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury no

23. Signature Paul Sulman (M. D. or other) M.D.

Address Kennett Date signed 1-17-47

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

35  
2  
2

RECEIVED

District Health Office No. 2,

District File Number 247-192

Date Filed 2-7-47

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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.....

Helen F. Lemonds, Registered Apprentice No. 415,  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.