

FILED FEB 17 1947

Registration District No. **172**

Primary Registration District No. **5641**

Registrar's No. **3641**

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

1. PLACE OF DEATH:

(a) County **LAFAYETTE**  
(b) City or town **RURAL - DOVER**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**R.F.D.#1 - CORDER 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Frank M. Evans**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **PEARL COLE EVANS**  
6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **AUGUST 12 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CARROLL COUNTY MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMER**

12. Name **THOMAS EVANS**

13. Birthplace **WALES - 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **FLORENCE METMOR**

15. Birthplace **NEW YORK 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN D. EVANS**

(b) Address **ST. CLAIR, MO**

17. (a) **BURIAL** (b) Date thereof **1-29-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DOVER, MISSOURI**

18. (a) Signature of funeral director **Albert Staeff**

(b) Address **Highway 7, Waverly, Mo**

19. (a) **Jan 28-47** (b) **Clayton H. Landrum**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**  
(c) City or town **CORDER (RURAL)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D.#1**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26**  
year **1947** hour **5** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Jan 26 1947** to **Jan 26 1947**  
that I last saw him alive on **Jan 26 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary occlusion acute** Duration **45 min**

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

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

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

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **Douglas Kelling** (M. D. \_\_\_\_\_)  
Address **Waverly, Mo** Date signed **1/27/47**

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-15-47

2118 E. M. Street

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 me

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.