

FILED APR 9 1947

Registration District No. _____

Primary Registration District No. 2016

Registrar's No. 820

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(c) Name of hospital or institution: 714 MONROE
(d) Length of stay: In hospital or institution. LIFE
In this community... LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town JEFFERSON CITY
(d) Street No. 714 MONROE
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME CHARLES JOSEPH EVELER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATHERINE HEINRICH EVELER 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased SEPT. 23, 1884

8. AGE: Years 62 Months 6 Days 6 hr. min. 0

9. Birthplace WARDSVILLE, MO (City, town, or county) (State or foreign country)

10. Usual occupation CHEF

11. Industry or business

12. Name JOSEPH EVELER
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. (a) Informant JOSEPH EVELER (b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 3/31/47
(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address JEFFERSON CITY, MO.

19. (a) 3-31-47 (b) R. P. Davis M.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 29 year 1947 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from [Signature] that I last saw [Signature] alive on [Signature] and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Asthma, Coronary Thrombosis, Coronary Disease, Arterio Sclerosis, Diabetes Mel.

Major findings: Of operations [Signature] Of autopsy [Signature]

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) coroner
Address Jefferson City, Mo. Date signed 3-31-47

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

26
64

26
4

Duration
[Signature]

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 4-8-47

APR 15 1938

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.....

Melvin L. Janssens, Registered Apprentice No. 489
working under my personal supervision.

Signed *Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.