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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1947

Registration District No. 312

Primary Registration District No. 453J

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Mineral Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110
(c) City or town Mineral Point
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John F. Evans

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Automobile Accident

Duration

Due to Ran over by truck

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 110

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 10 1947
(c) Where did injury occur? Mineral Point Washington
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place? No
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director: Mrs. Luther Spahr
(b) Address: Potosi Mo.
3. Signature: B. H. Demsey (M. D. or other) 3
Address: Potosi Mo. Date signed: 3-12-47

MOTHER FATHER

9. Birthplace: Hopewell Mo.
(City, town or county) (State or foreign country)

10. Usual occupation: Telegraph Operator

11. Industry or business: None

12. Name: John Evans

13. Birthplace: Washington Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: M. Martha H. Archer

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

16. (a) Informant: Nellie Marbury

(b) Address: Mineral Point Mo.

17. (a) Burial (b) Date thereof: 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hopewell

18. (a) Signature of funeral director: Mrs. Luther Spahr

(b) Address: Potosi Mo.

19. (a) 6-10-47 (b) Mrs. H. F. Creswell
(Date received local registrar) (Registrar's signature)

337

(Licensed Embalmer's Statement on Reverse Side)

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

1961
7
NTH

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 *Murphy Sparks*
Licensed Embalmer No. *4236*
P. O. Address *Flat River, MD*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME John J. Ewert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, 1947 year, 10 hour, 0 minute M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death _____

Duration _____

8. AGE: Years _____ Months _____ Days _____ (If less than one day, hr. _____ min. _____)

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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 _____

19. (a) June 10 47 (b) Mrs. G. F. Ewert
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____

Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

42255