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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18065**
Registrar's No. **108**

Registration District No. **185**

Primary Registration District No. **5692**

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Parson Creek rural**
(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 _____
In this community **70 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn** **58**
(c) City or town **Meadville, RFD** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 mi. north** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Walter Emmitt Evans**

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

4. Sex **M** 0 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Pearl D. Evans** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **December 4, 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Meadville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Postmaster, retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **T. D. Evans**

13. Birthplace **Madison Co, Ky.**

14. Maiden name **Nancy Ann ~~Evans~~ Batts**

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

16. (a) Informant **Mrs. Pearl Evans**

(b) Address **Meadville, Mo.**

17. (a) **Burial** (b) Date thereof **May 23, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ogan cem. Meadville, Mo.**

18. (a) Signature of funeral director **Rusk Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **May 23-1947** (b) **Chris A. Martine**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**
year **1947** hour **8 am** minute _____ M.

21. I hereby certify that I attended the deceased from **May 21** 19 **47**, to **May 21** 19 **47**
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration _____
chronic

Due to **Myocardial infarction**

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? **Mo.**

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **E. F. Weir** (M, D, or other)

Address **Meadville, Mo.** Date signed **5/23/47**

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

SEP 15 1947

JUL 1 1947

JUN 8 1957

MAY 29 1957

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 *Harold B. Wright*

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.