

FILED JUL 10 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since April 19-1947
(Specify whether

In this community
years, months or days

3. (a) PRINT FULL NAME

J. M. Eversole

3. (b) If veteran

name was first world war

3. (c) Social Security

No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Jan 1 1896
(Month) (Day) (Year)

8. AGE:

Years 51 Months 5 Days 24 If less than one day
hr. min.

9. Birthplace

(City, town, or county) Texas (State or foreign country)

10. Usual occupation

clerk + musician

11. Industry or business

MOTHER FATHER

12. Name

Emus Eversole

13. Birthplace

(City, town, or county) Texas (State or foreign country)

14. Maiden name

Fleta Wilber

15. Birthplace

(City, town, or county) Texas (State or foreign country)

16. (a) Informant

Hosp. records

(b) Address

Fulton, Mo.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof June 27 1947
(Month) (Day) (Year)

(c) Place: burial or cremation

North Grove, Texas

18. (a) Signature of funeral director

John G. Mansper

(b) Address

712 Camp St. Fulton, Mo.

19. (a) 6-27-1947

(Date received local records)

(b) James Morschke
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City Mo. (If outside city, or town limits, write "RURAL") 1
(d) Street No. 2 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1947 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from
April 19, 1947 to June 25, 1947
that I last saw him alive on June 25, 1947
and that death occurred on the date and hour stated above:

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations none done

Of autopsy none furnished

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 0

23. Signature P. S. Tate (M. D. or other)

Address State Hosp. #1 Date signed 6-26-47

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

SEP 3 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 8 1947

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 Glen Y. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.