—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41298

Registration District No. 107 — Primary Registration District No. 3019 — Registrar's No. 266

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Electric St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gladys V. Evans
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Divorced
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 26 (Day) 1908 (Year)

8. AGE: Years 39 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Gravel Hill (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper Self
11. Industry or business
FATHER
12. Name John N. Robins
13. Birthplace Gravel Hill (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Laura Nanney
15. Birthplace Mayfield (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. J. N. Robins
(b) Address Kennett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo
19. (a) 12-31-1947 (Date received local registrar) (b) Carl Huskins (Registrar's signature) CD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1947 hour 12:00 minute 10 A.M.
21. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec 27, 1947 that I last saw her alive on Dec 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis 4	Months
Due to Carcinoma of Cervix 3	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature George J. Gilmore (M. D. or other) DO
Address Kennett Mo Date signed 12-31-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-18
Date Filed 1-5-48

AUG 21 1954

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 Walter A Hawkins

Licensed Embalmer No. 2009

P. O. Address Kennett 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.