S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42272

State File No.

Registration District No. 185

Primary Registration District No. 4301

Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Meadville (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 70 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Meadville 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Seth Delaney Evans
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alma Loomis Evans
6. (c) Age of husband or wife if alive (D) years
7. Birth date of deceased March (Month) 29 (Day) 1872 (Year)

8. AGE: Years 75 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Meadville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Thomas D. Evans
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1
MOTHER
14. Maiden name Nancy Botts
15. Birthplace Meadville (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Miss Emily Evans
(b) Address St. Louis, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville, Mo.
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) 12-18-47 (Date received local registrar) (b) Chris A. Martens (Registrar's signature) 119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1947 hour 7 minute a M.
21. I hereby certify that I attended the deceased from Aug - 30, 1947, to Dec 16, 1947
that I last saw him alive on Dec 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to Coronary Artery Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 19 D
Of autopsy

Duration

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 0
23. Signature C. J. Weir (M. D. or other)
Address Meadville Mo Date signed 12-18

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1953

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 Ellis F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.