

No. 2
12-45
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44545**
Registrar's No. **5**

Registration District No. **294**

Primary Registration District No. **3056**

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph **88**

(c) City or town Huntsville
(If outside city or town limits, write "RURAL")

(d) Street No. Main Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Melvin Evans

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Lucy Rebecca Evans

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 18 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation banker

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Evans

13. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Margaret Shores

15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Evans

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 12/31/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville, Mo

19. (a) Jan 8-48 (b) Dean W. Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1947 hour 5:30 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Dec 23 - 1947 to Dec 28 1947

that I last saw him alive on Dec 28 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 3 days

Due to Arricular Fibrillation

Due to _____

Other conditions Acute Appendicitis
(Include pregnancy within 3 months of death)

Major findings: Appendectomy Dec 25 1947
Of operation: Confirmed by pathologist

Of autopsy: None **121**

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Hawlett (M. D. or other) no

Address Woodland Hosp Date signed 1-5-48

RECEIVED

JAN 13 1948

RECEIVED
District Health Officer No. 1-48
District File Number
Date Filed JAN 14 1948

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.