

FILED FEB 9 1948

Registration District No. 290

Primary Registration District No. 5776

Registrar's No. 108

1. PLACE OF DEATH: **Mercer**
 (a) County.....
 (b) City or town **Mill Grove, Washington Twp.**
 (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 **all his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Mercer** 65
 (c) City or town **Mill Grove, Mo** 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 **William W. Evans**
 3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **male** 5. Color **white** 6. (a) Single, **married**
 race..... divorced.....
 6. (b) Name of husband or wife **Belle Evans** 6. (c) Age of husband or wife if **Sept 19, 1875** years

7. Birth date of deceased.....
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
72 4 7 ..hr.min.

9. Birthplace **Mercer Co., Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer and laborer**

11. Industry or business.....

12. Name **Richard Evans**

13. Birthplace **Illinois** (City, town, or county) (State or foreign country)

14. Maiden name **Missouri**

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

16. (a) Informant **Richie Evans**

(b) Address **Mill Grove, Mo**

17. (a) **burial** (b) Date thereof **1-28-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hunter**

18. (a) Signature of funeral director **Noel Moss**

(b) Address **Princeton, Mo**

19. (a) **1-31-48** (b) **M. J. Ruth**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26**
 year **1948** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 5**
 19**48** to **January 26**, 19**48**
 that I last saw him alive on **January 26**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis** Duration **4 hours**

Due to **Arteriosclerotic Hypertensive Disease** **5 years**

Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy..... **MSD**
 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?.....
 While at work?..... (Specify time of place) (Specify time of place)
 (Specify time of place) (Specify time of place)

23. Signatur **Miriam Schubert** (M. D. or other) **MSD**
 Address **Princeton, Mo** Date signed **1/26/48**

MOTHER, FATHER

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

**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..... *Paul Mass*

Licensed Embalmer No. *2634*

P. O. Address *Camden 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.