

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1948

Registration District No. 169

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5621

State File No. 9228

Registrar's No. 207

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town RURAL - LYON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 79 days (Specify whether years, months or days)
In this community 79 days

3. (a) PRINT FULL NAME MARY ALMENA EVERTSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHAS. M. EVERTSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 5 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 18 If less than one day hr. _____ min. _____

9. Birthplace W. VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES ROUSH
13. Birthplace W. VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name SARAH GRIMM
15. Birthplace W. VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant James Everson

(b) Address Hurdland, MO

17. (a) BURIAL (b) Date thereof FEB. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. HURDLAND

18. (a) Signature of funeral director Bert Blasing Jr.

(b) Address Hurdland, MO

19. (a) Mar-10-48 (b) Will S. Nunant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/4 MI. N.E. OF HURDLAND
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 22, 1948, to February 23, 1948; that I last saw him alive on February 23, 1948; and that death occurred on the date and hour stated above.
Immediate cause of death Chronic renal - Duration _____
Severe

Due to Smility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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) (e) Means of injury 2

23. Signature Wm. W. H. H. H. (M. D. or other) B.O.
Address Hurdland, MO Date signed 3/4/48

RECEIVED
District Health Officer No. 10
District File Number 3-48-554
Date Filed MAR 22 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 Leo Blaney Jr.
Licensed Embalmer No. 3755
P. O. Address Huddell No.

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.