FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 984

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9303

Primary Registration District No. 3038

Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 S. Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 216 S. Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lila E. Evans
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife: George F. Evans
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March 23, 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	11	12	..... hr. ..... min.

9. Birthplace: Quandahl, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
FATHER
12. Name: Archibald Bryant
13. Birthplace: Dublin, Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anne Wilson
15. Birthplace: Dublin, Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Georgia Main
(b) Address: Brookfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Crystal, Minn.
18. (a) Signature of funeral director: Harold B. Wright
(b) Address: Brookfield, Mo.
19. (a) 3-11-48 (Date received local registrar) (b) Walter B. Brown (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from 10-1, 1946 to 3-9, 1948, that I last saw her alive on 3-9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3 Mos
Due to: Uremia	5 days
Due to: Chronic Nephritis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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 ..
23. Signature: C. C. Brock MD (M. D. or other)
Address: Brookfield Mo Date signed 3/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2 —1/47. 5-17-39.

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 Harold B. Wright.

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.