

No. 2-
-12-45
5-17-39
I X47070.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12112

State File No.

FILED MAY 1 1948

Registration District No.

Primary Registration District No. 4198

Registrar's No. 31

1. PLACE OF DEATH:

- (a) County Henry
(b) City or town King City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community 36 years
years, months or days)

3. (a) PRINT FULL NAME Claude Maurice Bevins

3. (b) If veteran,
name war

3. (c) Social Security
No. 202-07-5172

4. Sex M 5. Color or
race W

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

6. (b) Name of husband or wife
Ada Bevins

6. (c) Age of husband or wife if
alive 60 years

7. Birth date of deceased June 28 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 17 hr. min.

9. Birthplace Clinton Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name Taylor T. Bevins

13. Birthplace Clinton Co. Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hudson

15. Birthplace Clinton Co. Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Bevins

(b) Address King City, Mo. 1948

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

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director John E. Brown

(b) Address Mo.

(c) Date received local registration April 19, 1948 (d) Homer D. Webster
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 38

(c) City or town King City 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 day 15
year 1948 hour 10 minute AM

21. I hereby certify that I attended the deceased from April 8 to April 15 1948

that I last saw him alive on April 15 and that death occurred on the date and hour stated above.

Immediate cause of death

Pharyngeal cancer

Duration

2 da

Due to Asthma and Coronary sclerosis

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?

Signature Dr. Blacklock (M. D. or other)

Address King City Mo. Date signed 4/16/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P.O. Address.....

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.