

FILED JUN 11 1948

Registration District No. 144

Primary Registration District No. 4534

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? -No- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sallie Evans

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Will Evans 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased December 24- 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name (Unknown) Hood
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown) Smith
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Dotson
(b) Address Hayti, Mo.

17. (a) Burial (b) Date thereof 6-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wood Lawn Cem. Hayti

18. (a) Signature of funeral director W. F. ... and Co.
(b) Address Caruthersville, Mo.

19. (a) 6-1-48 (b) Avis Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1948 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 5-28 1948 to 5-28 1948
that I last saw him alive on 5-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic shock Duration 5-28-48

Due to Concussion of brain 5-28-48

Due to Deep laceration of face and arm (left) 5-28-48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1702
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) Accident
(b) Date of occurrence 5-28-48
(c) Where did injury occur? Fredenaktown, Madison Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway (Specify type of place)

While at work? 7:00 (a) Means of injury automobile
23. Signature R. E. Harland (M. D. or other) M.D.
Address Fredenak, Mo. Date signed 6-2-48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
File Number 648-7
Filed 6-10-4

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81
working under my personal supervision.

Signed *L. Voltaire Adamson*

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Md.

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.