S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16949

State File No. .....

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 162

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3517 St Charles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Oakwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3517 St Charles 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Louisa Evans
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Samuel
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September 21 1853 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
94	7	16	..... hr. ..... min.

9. Birthplace Ralls County Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Anson Bramblett
13. Birthplace — Ky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Missouri Epperson
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Neal Evans
(b) Address 3602 Market Oakwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg Cem.
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.
19. (a) 5-12-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 1 X 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour ..... minute 3.50 a.m.
21. I hereby certify that I attended the deceased from ..... 1920, to Jan. 1948
that I last saw him alive on Jan. 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant nutrition and old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162B

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) no
(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 J. C. Chilton (M. D. or other) 1948
Address Bowen Bradley Date signed May 10

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.