

FILED JUN 9 1948

State File No. _____

Registration District No. 272

Primary Registration District No. 8912

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Permisot

(b) City or town Denton Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Virginia Hosp. 1
(If not in hospital or institution, write street number & location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permisot

(c) City or town Denton Rural 78
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sylvia Ann Evans

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Female 5. Color or race Colored

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 14 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-4-48
6:00-7:30-48 to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Fever

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

Duration _____

Due to D.T.

Due to _____

9. Birthplace Holland, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

11. Industry or business _____

12. Name R. E. Evans

13. Birthplace Sunflower Co. Miss!
(City, town, or county) (State or foreign country)

14. Maiden name Anna H. Coleman

15. Birthplace Greenway, Miss!
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant R. E. Evans

(b) Address Rt # 2 Stele, Mo

17. (a) Burial (b) Date thereof 5/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dickroe Cem, Holland, Mo

18. (a) Signature of funeral director J. P. German

(b) Address Rt # 2 Stele, Mo

19. (a) 6-2-48 (b) J. P. German
(Date received local registrar) (Registrar's signature)

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 0

23. Signature D. C. McLean (M. D. or other) _____

Address Holland 720 Date signed 5-25-48

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

6-48-178

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 *John H. German*.....

Licensed Embalmer No. *A355*.....

P. O. Address *Hayti, 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.