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7. 39  
X37823

FILED JUL 15 1948

3041

Registration District No. 000

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Mason  
(b) City or town Mason  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Samaritan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mason 6/1  
(c) City or town New Cambria  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME HUGH THOMAS EVANS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Hannah Mary Evans 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased February 22 1864  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 2 If less than one day hr. .... min. ....

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

10. Usual occupation Retired farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name John J. Evans  
13. Birthplace Wales  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen  
15. Birthplace Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hannah Mary Evans  
(b) Address New Cambria, Mo.

17. (a) Burial (b) Date thereof June 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director H. P. Hillland  
(b) Address New Cambria Mo.

19. (a) 7-9-48 (b) Paul McNeely  
(Date received local registrar) (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 7 minute 20 a.m.  
21. I hereby certify that I attended the deceased from June 18 1948 to June 24 1948  
that I last saw him alive on June 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Disease Duration 14 1/2  
Due to Arterio-sclerosis 50  
Due to more years

Other conditions (Include pregnancy within 3 months of death) 13/10

Major findings: Of operations 13/10 Of autopsy 13/10 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? (Specify type of place) (e) Means of injury 10  
23. Signature A. H. Bronsney M.D. (M. D. or other) 10  
Address Mason Mo. Date signed 7-5-48

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

1948

FEB 16 1950

NOV 1 1948

MAY 20 1948

RECEIVED

District Health Officer No. 10

District File Number: 7-48-1226

Date Filed JUL 13 1948

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 H. F. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.