

FILED JUL 6 1948

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Warrick
(b) City or town Warrick Washington Ind
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #09
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs 2 mo 10 days
In this community 8 years 7 months 10 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene ³⁹
(c) City or town Springfield rural ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. RT # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME ELIZABETH EVANS

3. (b) If veteran, name war 2 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 2-56 1912
(Month) (Day) (Year)

8. AGE: Years 34 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business home

MOTHER FATHER { 12. Name Elizabeth Evans 0

13. Birthplace Greene Co Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Annie Brennan

15. Birthplace Greene Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof 6-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo

18. (a) Signature of funeral director F. F. Johnson
(b) Address Springfield, Mo

19. (a) 6-29-48 (b) Rathbone Janney
(Date received local registrar) (Registrar's signature) 321

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour _____ minute 10 M.

21. I hereby certify that I attended the deceased from 6-30 1947 to 6-25 1948

that I last saw her alive on 6-25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease

Due to ✓

Due to ✓

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

Major findings: ✓ 95B
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. R. Wall 0 M. D. or other _____
Address Nevada Mo 6-25-48 Date signed

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No. 7,

District File Number 6-48-72

Date Filed 7-3-48

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 Wash. E. Schuyler

Licensed Embalmer No. 26576

P. O. Address Nevada, 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, above space should be left blank.