

Registration District No. 375

Primary Registration District No. 6284

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Manes
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 81 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Manes 000
(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 Newton Jasper Evans

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Hattie Evans 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 4 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 5 hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Evans
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Mary Bullard
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Evans
(b) Address Manes, Missouri

17. (a) Burial (b) Date thereof June 10, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Manes Cemetery

18. (a) Signature of funeral director Gene E. Holdren
(b) Address Hartville, Mo.

19. (a) 6-19-48 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 9th
year 1948 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from May 28, 1948 to June 9, 1948
that I last saw him alive on June 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Periculous anemia Duration 3 mon.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7 mo

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? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature J. T. Bridges (M. D. or other) _____
Address Manes, Mo. Date signed 6-9-48

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

R-
Health Office
Member 648-751
6-30-48

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.