

No. 3000  
-10-47  
-17-39  
PI 3908

FILED AUG 30 1948  
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Springfield Baptist   
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether  
In this community Life-time (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME CHARLES A. EVANS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male  5. Color or race White

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

6. (b) Name of husband or wife Maude Evans

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 21 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 8 0 hr. min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business City Postman

MOTHER FATHER

12. Name Henry S. Evans

13. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Burns

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

16. (a) Informant Mrs. Maude Evans (Wife)

(b) Address 1345 Maryland, Springfield, Mo.

17. (a) Burial (b) Date thereof 8-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
Springfield, Missouri

(b) Address Springfield, Missouri

19. (a) 8-25-48 (b) W. J. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 1345 Maryland 6  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1948 hour 6:45 minute A.M.

21. I hereby certify that I attended the deceased from 3 Aug  
1948 to 21 Aug 1948  
that I last saw him alive on 21 Aug 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease  
& Cardiac Decompensation

Due to Generalized Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations None

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)

(c) Means of injury \_\_\_\_\_

23. Signature W. J. Handley (M. D. or other) MD

Address Spfld, Mo Date signed 8-24-48

OCT 1 1948

AUG 30 1948

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**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

*Julius R. Goodwin*

Licensed Embalmer No. *4562*

P. O. Address *Springfield Mass*

**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.**