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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1948

Registration District No. 163

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26828

Primary Registration District No. 3031

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jefferson.

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

(c) Name of hospital or institution: 715 E. 3rd st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 19 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson.

(c) City or town De Soto. 50
(If outside city or town limits, write "RURAL")

(d) Street No. 704 Flucom, road. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Richard Franklin Evans Jr.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M 9

5. Color or race Colored

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Elese Kelley

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 1st (Day) 1908 (Year)

8. AGE: Years 40 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation Laborer.

11. Industry or business William Collins, Picture Shows.

FATHER
12. Name Richard Franklin Evans. Sr.
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Savannah Smily.
15. Birthplace Not Known. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Elese Keley Evans.
(b) Address 704 Flucom, road.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8-26-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ De Soto Mo. City Cemetery.

18. (a) Signature of funeral director J. Lee Motherhead
(b) Address De Soto, mo.

19. (a) 8/26/48 (Date received local registrar) (b) Marie Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22nd year 1948 hour one. minute 55 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., 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 (Jury Verdict) Homicide by the Shooting by Laurel Steward Based On Stewards Admission of guilt to Cora Mezo

Due to Chief of Police as testified by Mezo

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 16 6
Of autopsy

Duration

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) Homicide

(b) Date of occurrence 8/22/48

(c) Where did injury occur? De Soto (City or town) (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Simpson House (Specify type of place)

While at work? (e) Means of injury Gun Shot

23. Signature T. B. Edwards (M. D. or other) Coroner

Address Cedar Hill Mo Date signed 8/22/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1948

SEP 17 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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Dato mn

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.