

FILED SEP 27 1948

State File No. ....

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 801

1. PLACE OF DEATH:

(a) County GREENS  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Approx. 9 hr.  
(Specify whether  
In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Webster  
(c) City or town Marshfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd  
year 1948 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Aug 1, 1948  
19... to Sept 22, 1948, 19...

that I last saw her alive on Sept 23, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death: aspiration of gastric  
material - asphyxiated  
Duration 10 hrs

Due to -  
Due to -

Other conditions Premature birth  
(Include pregnancy within 3 months of death)

Major findings:  
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?

(Specify type of place)  
While at work? (e) Means of injury  
23. Signature: Robert S. Beer M.D. (M. D. or other)  
Address: Marshfield, Mo. Date signed: 9-27-48

3. (a) PRINT FULL NAME Florence Kathryn Evans  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex F 1 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 Aug 1 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
- 1 23 hr. min.

9. Birthplace Marshfield Mo. A  
(City, town, or county) (State or foreign country)

10. Usual occupation X  
11. Industry or business Infant

MOTHER FATHER  
12. Name Freeman H. Evans  
13. Birthplace Marshfield Mo. U  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Bennett  
15. Birthplace Denver Colo. I  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Freeman H. Evans  
(b) Address Marshfield, Mo.  
17. (a) Burial (b) Date thereof 9-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director  
(b) Address Marshfield, Mo.  
19. (a) 9-24-48 (b) M. S. Handley M.D.  
(Date received local registrar) (Registrar's signature)

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

9  
2  
6

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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.....

*Rex Harris*

Licensed Embalmer No.....

*5312*

P. O. Address.....

*Marshfield 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.**