No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30117

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
2431 Byers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2431 Byers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE M. EVANS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MOLLIE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 26, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	0	hr. min.

9. Birthplace Iowa (City, town, or county) / (State or foreign country)
10. Usual occupation
11. Industry or business Joplin Trans. Co.
MOTHER FATHER
12. Name Wesley Evans /
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Mathilda Shelenberger /
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mollie Evans
(b) Address 2431 Byers
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Saginaw, Missouri
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 9-30-48 (Date received local registrar) (b) Cora James (Registrar's signature)
Dudley Hampton M.D.
138 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1948 hour 9:25 minute P M.
21. I hereby certify that I attended the deceased from
on 9-19, 1948, to , 19 ;
that I last saw him alive on 9-19, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	2 yrs
Due to	
Due to	
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Guy I. Meredith (M. D. or other)
Address 401 Friscco Bldg Date signed 9-24-48
Joplin

48-9-830

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.