FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. Ladenson 31989

Registrar's No. 270

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 South Second St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: 3 South Second St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: NANNIE EVANS
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ernest Evans
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 9 (Month) - 18 (Day) - 1873 (Year)

8. AGE: Years 75 | Months 1 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ____
FATHER
12. Name: Eli Green
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Lucy Peacher
15. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Warren Green
(b) Address: 3 S. Second St., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 10-25-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1948 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from 11 AM Oct 23, 1948 to 1:45 PM Oct 23, 1948 that I last saw he was alive on Oct. 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spontaneous Cerebral Hemorrhage (non traumatic)	3 hrs.
Due to: Hypertension, Essential	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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: R. P. Ladenson (M. D.)
Address: 16 S. 10th St. Date signed: 10-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number NOV 5 1948
Date Filed

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 Chas L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, T

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.