

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1948
MCLain

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37549

State File No. _____

Registration District No. ~~200~~

Primary Registration District No. 5907

Registrar's No. 270

1. PLACE OF DEATH:
 (a) County Pemiscott
 (b) City or town Holland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cover Hosp 1
(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)

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

3. (a) PRINT FULL NAME Donnie Evans
 (b) If veteran, name war _____ (c) Social Security No. _____
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 16 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 22
 year 1948 hour Threeminute 20 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.

8. AGE: 73 Years | 8 Months | 6 Days | If less than one day _____ hr. _____ min.
 9. Birthplace Lexington Tenn.
(City, town, or county) (State or foreign country)
 10. Usual occupation H. Keeper

Immediate cause of death _____
Sarcosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Dont Know
 13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
 14. Maiden name Dont Know
 15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline cause to which death should be charged statistically.
 ADDITIONAL SUPPLEMENTARY INFORMATION

16. (a) Informant Myrtle Evans
 (b) Address B.F.D. Steele Mo.
 17. (a) Burial (b) Date thereof 10-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Number 8
 18. (a) Signature of funeral director Cobb Funeral Home, Inc
Blytheville, Ark.
 (b) Address _____
 19. (a) Dec 1-48 (b) L. J. Robinson
(Date received local registrar) (Registrar's signature)

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 L. J. Robinson (M. D. or other) _____
 Address N. Howard Date signed 11-2-48

12-48-376

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..... *Jos. R. Stovall*

Licensed Embalmer No. *3100*

P. O. Address *Blytheville*

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.