

FILED AUG 16 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25286  
Do not use this space.

1. PLACE OF DEATH  
(a) County Henry Registration District No. 347  
(b) Township \_\_\_\_\_ Primary Registration District No. 4210 Registered No. \_\_\_\_\_  
(c) City Urish Missouri (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>162</sup> Henry Eversole  
(a) Residence, No. Urish Mo 0 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Eversole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1854

7. AGE YEARS 86 MONTHS 3 DAYS 0 IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Faiffield, Ohio

FATHER 13. NAME John Eversole  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Sylvia Smeithers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) May Eversole  
Urish MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton MO DATE July 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spartan Son  
Clinton MO

20. FILED 7-13-1940 W. J. R. Hamilton  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1940

22. I HEREBY CERTIFY, That I attended deceased from July 3rd 1940 to July 3 1940  
Last saw him alive on July 3 1940 Death is said to have occurred on the date stated above, at 11:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
42 W

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify: \_\_\_\_\_  
(Signed) J. W. Gallweath M. D.  
Address Urish Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

50M-1-13-38

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

*John N. Anderson*

Licensed Embalmer No.

*3641*

P. O. Address

*Clinton, 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, above space should be left blank.**