

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

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

14432
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347348
 (b) Township Osage Primary Registration District No. 4206 Registered No. 96
 (c) City Brunswick (d) Street No. 1 St. 42
 (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? 6 yrs. mos. da.

2. PRINT FULL NAME James Willis Eversole
 (a) Residence, No. Henry Co St. Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Eversole
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 1 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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 Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1942
 22. I HEREBY CERTIFY, That I attended deceased from July 1941, to April 13 1942
 I last saw him alive on 4-11 1942 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary I. B Date of onset 1937
 Other contributory causes of importance: 13 L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co. Mo
 FATHER 13. NAME James R Eversole
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co. Mo
 MOTHER 15. MAIDEN NAME Core Lee Tucker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska
 17. INFORMANT (ADDRESS) Ruth Eversole Brunswick Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo 4-15-42
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton Mo
 20. FILED April 15 1942 Georgia Kitchen Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) H. Walker M. D.
 (Address) Clinton Mo 4-15-42

50M-9-19-35 I X16903

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.

RECEIVED

District Health Officer No. 7

District File Number

5-42-459

Date Filed

5-6-42

FEB 23 1945

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

Fred W. McKenna

Licensed Embalmer No.

2478

P. O. Address

Cluba 7M

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.