No. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3004

Registration District No. 137 — Primary Registration District No. 5517 — Registrar's No. 17

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Deepwater Twp - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(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 76

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Mo (b) County Henry
(c) City or town Rural Deepwater Twp
(If outside city or town limits, write "RURAL")
(d) Street No. ... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawson Roman Evans.
3. (b) If veteran, name war ...
3. (c) Social Security No. ...

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida May Evans
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Aug (Month) 4 (Day) 1862 (Year)

8. AGE: Years 81 | Months 5 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Bona Barton (City, town, or county) — (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business ... (John Evans)
MOTHER FATHER
12. Name John Evans
13. Birthplace ... (City, town, or county) Ind (State or foreign country)
14. Maiden name Catherine Dudley
15. Birthplace ... (City, town, or county) Penn (State or foreign country)
16. (a) Informant Mrs. Ed McKenna
(b) Address Centertown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Cemetery
18. (a) Signature of funeral director J. P. Hausey
(b) Address Calhoun Mo
19. (a) January 15, 1944 (Date received by registrar) (b) Georgia Kitchen (Registrar's signature)

1663

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1944 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1-11-44 ... 19 ... to 1-14 19 44
that I last saw him alive on 1-14 19 44
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis	9
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ray Jordan (M. D. or other)
Address Winona Mo Date signed 1-15-44

(Licensed Embalmer's Statement on Reverse Side)

Health Officer

1-4-135

3-9-44

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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed J A Housley

Licensed Embalmer No. 3205

P. O. Address Calhoun Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
DM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3004

Registration District No. 137 Primary Registration District No. 5517 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Henry (b) City or town Shug Grove Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Lawson R Evans
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased Aug (Month) 4 (Day) 1862 (Year)
8. AGE: Years 81 Months 5 Days 28 If less than one day hr. min.
9. Birthplace Bonaparte (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 7 day
year 1944 hour 6 minute 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.

	Duration
Immediate cause of death	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed