

FILED JUL 13 1944

Registration District No. 137

Primary Registration District No. 3023

State File No.

Registrar's No. 110

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton Mo
(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) 1
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 5 year years, months or days

3. (a) PRINT FULL NAME Clarence Wm Evans

3. (b) If veteran, name war
3. (c) Social Security No. 490-05-9100 year 1944 hour 6 minute 0 M.

4. Sex 0 male race white 5. Color or
6. (a) Single, widowed, married, divorced man

6. (b) Name of husband or wife Selma Lee 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased. Feb 23 1914
(Month) (Day) (Year)

8. AGE: Years 30 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Windron Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name George Wm Evans

13. Birthplace Henry Co Mo
(City, town or county) (State or foreign country)

14. Maiden name Dorothy May Stevens

15. Birthplace St Clair Co Mo
(City, town or county) (State or foreign country)

16. (a) Informant Mrs George Evans

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 6-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windron Mo

18. (a) Signature of funeral director Consalus + Peck
(b) Address Clinton Mo

19. (a) June 24, 1944 (b) Georgia Kitchner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 110 West Lebo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22
19 44 year 1944 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 3-10
19 44 to 6-22 19 44
that I last saw he alive on 6-22 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage 2 da

Due to empyema 6 mo
operated Dec 1943

Due to churnage of lung

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 110 a

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. J. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 6-22-44

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

2
1
2

Walker 1004

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1945

RECEIVED
District Health Officer No. 7,
District File Number 6-44-826
Date Filed 7-12-44

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

Signed

J. E. Connelley

Licensed Embalmer No. 1891

P. O. Address Clinton, N.Y.

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.

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