

No. 2
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5-17-39
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FILED FEB 2 1945
Registration District No. 137

Primary Registration District No. 428 5520

State File No. _____
Registrar's No. 243

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Benton Henry
(b) City or town Woodstock W. Mass.
(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 _____)
In this community 1 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry
(c) City or town Clinton Rural
(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 ANNA L EVANS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Alvin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 87 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Leslie

13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Smith

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.S. Patterson (b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director Fred Wilburn (b) Address Clinton Mo.

19. (a) January 3, 1945 (Data received local registrar) (b) Georgia Kitcher (Registrar's signature)

20. DATE OF DEATH: Month Dec day 26 year 1944 hour 9:50 minute 17 M.

21. I hereby certify that I attended the deceased from 23 _____, 1944 Dec. 26, 1944 Dec. 26, 1944 and that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Robert, Pneumonia Duration _____

Due to _____

Due to _____

Other conditions _____ (Includes 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? _____

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

23. Signature R. Patterson (M. D. or _____) Address Clinton Mo. Date signed 12-29

1-45-85
2-8-45

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 Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clenton 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, fact should be so stated above.