

FILED MAY 18 1945
Registration District No. _____

Primary Registration District No. 30-23 5506 Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton R.F.D. Clinton
(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)

In this community 2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME THEODORE 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 married

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

7. Birth date of deceased Oct 17 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1945 hour 2 minute 30 9 M.

21. I hereby certify that I attended the deceased from 1938 to Apr 3 1945
that I last saw him alive on March 30 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 5 17 hr. _____ min.

Immediate cause of death Emphysema due to loss of appetite & essential hypertension Duration 3 months

Due to Arterio sclerosis (General)

Due to Essential Hypertension

9. Birthplace Bonapart Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name John Evans

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

14. Maiden name Katherine Swobley

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy 97

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Evans

(b) Address Clinton Mo R.F.D.

17. (a) Buried (b) Date thereof 4-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo.

18. (a) Signature of funeral director Consuelo Beck

(b) Address 44 Clinton Mo

19. (a) April 4-45 (b) Myrtle Browlee
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury 0

23. Signature S. N. Wolke (M. D. or other) _____
Address Clinton Mo Date signed 4/4/45

RECEIVED
DATE 4-45-45
6-15-45

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 _____

Licensed Embalmer No. 1891

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistrar's No. 73

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County Deering Clinton Rural
 (b) City or town _____
 (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 _____)

In this community _____
years, months or days)3. (a) PRINT FULL NAME Theodore 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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased
- Oct 17

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

84

_____ hr. _____ min.

9. Birthplace
- Louisiana

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

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)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____

year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____;

that I last saw him _____ alive on _____, 19 _____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER, FATHER

17051