

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36776

Registration District No. 137

Primary Registration District No. 2023

State File No.

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Henry Clinton

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hr
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 918 S Main St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William N Evans

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1946 hour 6 minute 30 P.M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Evans 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: 4 26 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 24 1946 to Nov 27 1946
that I last saw him alive on Nov 27 1946
and that death occurred on the date and hour stated above.

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

79 7 1 hr. min.

Immediate cause of death Acute Cardiac dilatation Duration 2 hours

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

Due to Jaundice, bilious 4 days

10. Usual occupation Farmer

Other conditions Angina pectoris 2 years
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name W N Evans

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

14. Maiden name Emma Fletcher

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

Major findings: Of operations none

Of autopsy none 108

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

16. (a) Informant Alma Evans

(b) Address Clinton Mo

17. (a) General (b) Date thereof 11-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsboro Cem

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 11-30-46 (b) R. R. Kenney
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) 0

While at work? (c) Means of injury

23. Signature S. B. Boyhan (M. D. or other) M.D.
Address Clinton Mo. Date signed 11/29/46

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

120

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1946

EMBALMENT OFFICE NO. 7,
No. 11-46-8026
Date filed 12-2-46

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 Welkner
Licensed Embalmer No. 2478
P. O. Address Center St

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.