

FILED MAR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5896

Registration District No. 315

Primary Registration District No. 6066

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Rural - Roscoe Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 60 yrs.
years, months or days)

3. (a) PRINT FULL NAME Sophia EVANS

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

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

6. (b) Name of husband or wife Robert M. Evans 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. 12 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Unknown Hanson 4

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

14. Maiden name Unknown

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

16. (a) Informant Clarence Evans

(b) Address Collins, Mo.

17. (a) Burial (b) Date thereof Jan. 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director E. H. Trimmer

(b) Address Humansville, Mo.

19. (a) Jan. 10 - 47 (b) Keith Seiders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Roscoe Township (If rural, give location) 0

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1947 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from 12/7 1947 to 12/7 1947
that I last saw her alive on 12/7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery Thrombosis Duration

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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) (c) Means of injury 0

23. Signature G. L. Robinson (M. D. or other) M.D.

Address Humansville, Mo. Date signed 1/9/47

Ch. Sec. 0
151-27-1

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 me

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

Signed _____

E. H. Pimm

Licensed Embalmer No. 4382

P. O. Address Humaneville, Md.

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.