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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10278**
Registrar's No. **103**

Registration District No. **274** Primary Registration District No. **5936**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Smithton Rural**
(c) Name of hospital or institution
7 miles East of Smithton
(d) Length of stay: In hospital or institution
3 yr.
In this community
3 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Pettis**
(c) City or town **Smithton Rural**
(d) Street No. **7 miles East of Smithton**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Martha Jane EVANS**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3** day **18** year **1947** hour **1:15** minute **PM**
21. I hereby certify that I attended the deceased from **March 18, 1947** to **March 18, 1947**
that I last saw her alive on **March 18, 1947** and that death occurred on the date and hour stated above.

4. Sex **F** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Richard D. Evans**
6. (c) Age of husband or wife if alive **deceased** years **8**
7. Birth date of deceased **12 8 1856**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**
Due to **Arteriosclerosis**
Due to **Senility**
Other conditions **A4A**
(include pregnancy within 3 months of death)

8. AGE: Years **90** Months **3** Days **10** If less than one day **hr. min.**

Major findings: **A4A**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Batchtown, Ill.**
10. Usual occupation **House wife**
11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **J. L. Lacey, Jr.**
(b) Address **Smithton, Mo.**
17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **March 20, 1947**
(c) Place: burial or cremation **Brownsville**
18. (a) Signature of funeral director **Clifton M. ...**
(b) Address **Smithton, Mo.**
19. (a) 3-18-47 **(b) Betty Yeager**
(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?
While at work? (Specify type of place) **2**
(e) Means of injury
23. Signature **Byron L. ...** (M.D. or other) **20**
Address **Smithton, Missouri** **Date signed** **3-18-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47.....

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.....

L. E. Wilkinson....., Registered Apprentice No. 434
working under my personal supervision.

Signed L. E. Wilkinson
Licensed Embalmer No. 2478
P. O. Address Chateaufort

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.