

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

13255
Do not use this space.

FILED APR 17 1947

1. PLACE OF DEATH

(a) County Hurley Registration District No. 137
 (b) Township _____ Primary Registration District No. 3023 Registered No. 101
 (c) City Clinton Mo (d) Street No. Wetzel Hospital St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

(a) Residence, No. Brownington Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S - INFANT
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 18 min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) CLINTON MO (STATE OR COUNTRY) MO

FATHER 13. NAME WALTER T. EVANS

14. BIRTHPLACE (CITY OR TOWN) BROWNINGTON MO (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME SYLVIA BROYLES

16. BIRTHPLACE (CITY OR TOWN) EL DORADO SPRINGS MO (STATE OR COUNTRY) MISSOURI

17. INFORMANT WALTER T. EVANS (ADDRESS) DEERWATER RD #2

18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLEWOOD CEMETERY DATE 4-18-1947

19. FUNERAL DIRECTOR (NAME) BROWNINGTON MO (ADDRESS) G. A. RICK ETTS

20. FILED 4-18-47 R. R. Kenney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1947
 22. I HEREBY CERTIFY, That I attended deceased from April 17 1947, to April 17 1947
 I last saw her alive on April 17 1947; Death is said to have occurred on the date stated above, at 6:00 pm.
 The principal cause of death and related causes of importance were as follows:

Premature (6 months) Date of onset _____
 Other contributory causes of importance: Premature separation of placenta

Name of operation 159 Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 2
 If so, specify Edward Gernett M.D.
 (Signed) _____ (Address) CLINTON MO 4-18-47

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
Date Filed 4-21-47
Certificate Number 3-47-482

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.....

P. O. Address.....

Not Embalmed

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, above space should be left blank.