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

43139
Do not use this space.

1. PLACE OF DEATH

(a) County Cole / Registration District No. 213

(b) Township / Primary Registration District No. 3014 Registered No. 292

(c) City or Jefferson City, Mo. / (d) Street No. St. Mary's Hospital St.
(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 146 MARY EVELER

(a) Residence, No. 1602 E. Miller 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Eveler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardsville, Mo. 0

FATHER
13. NAME Charles Stockman 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgiam 6

MOTHER
15. MAIDEN NAME Jennie Tellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sam P. Eveler Jefferson City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Ressurection DATE 12/16/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs Jefferson City, Mo.

20. FILED 12/16/ 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/39 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1939, to Dec 13, 1939
I last saw her alive on Dec. 13, 1939. Death is said to have occurred on the date stated above, at 2:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12.6.39
54	

Other contributory causes of importance: Diabetes Mellitus

Name of operation Lab. findings 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Julian A. Eissmann, M.D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. ROD 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.

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 John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.