

Registration District No.

Primary Registration District No. 200-5439

FILED MAR 18 1940

207

39

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Nichols Junction
(c) Name of hospital or institution: Nichols Junction
(d) Length of stay: In hospital or institution 1 month
In this community 1 month

3. (a) PRINT FULL NAME Elizabeth E. Evans 152

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

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

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

7. Birth date of deceased Sept. 24 1866

8. AGE: Years 75 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Lebanon Indiana

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name James Evans
13. Birthplace Lebanon Indiana
14. Maiden name Louisa A. Thompson
15. Birthplace Mounts Run Indiana

16. (a) Informant Mrs. Annie Evans
(b) Address Route # 11 Springfield, Mo.

17. (a) Burial (b) Date thereof March 2, 1940
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo. 290

19. (a) 3/12/40 (b) Chas. A. George
(c) received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County
(c) City or town Waterloo
(d) Street No. (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1940 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 10 1940 to Feb 29 1940 that I last saw her alive on Feb 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Chronic disease of coronary artery

Due to Insufficient food

Other conditions (Include pregnancy within months of death)

Major findings: Of operations. Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

28. Signature E.L. Evans (M. D. or other) Address Springfield Mo Date signed March 1940

Duration Underline the cause to which death should be charged statistically.

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

L Soehn Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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, above space should be left blank.