

APR MAY 7 1940

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Wells City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 825 N. PROSPECT.  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mrs Mary C. 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 Widowed 8. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 4 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Murshfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Obe Mellegard

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

14. Maiden name Unknown

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

16. (a) Informant Thomas H. Collins

(b) Address Wells City, Mo.

17. (a) Burial (b) Date thereof April 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells City, Missouri

18. (a) Signature of funeral director Wells City, Mo.

(b) Address Wells City, Mo.

19. (a) APR 25 40 (b) A. L. Stitt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Wells City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 825 N. Prospect  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1940 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from 4-23, 1940, to 4-24, 1940  
that I last saw him alive on 4-24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary occlusion  
Due to age

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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? \_\_\_\_\_ (City or town) (County) (State)

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

While at work? 377 (Specify type of place) \_\_\_\_\_  
(a) means of injury \_\_\_\_\_

23. Signature Mellegard (M.D. or other) MD

Address 203 W Broadway Date signed 4-25-40

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

19  
1  
2

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Wells City Mo

40-5-26.

**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 myself  
....., Registered Apprentice No. ....

working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Well City, Mo.

**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.**