S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10993

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 WKs 6 days (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee 799

(c) City or town Galena Kansas Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. R. F. D. # 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION Dr. Walker

20. DATE OF DEATH: Month 3 day 8 year 1941 hour 8 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug 4, 1940, to 3-8, 1941; that I last saw h alive on 3-7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Urinary Suppression	3 days
Due to arterio Sclerosis Hypertension	
Due to Benign Prostatic Hypertrophy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none 1390

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul W. Walker (M. D. or other) M.D.

Address Friso Bldg. Joplin Date signed 3-10-41

3. (a) PRINT FULL NAME John Wesley EVANS.

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carrie Evans

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb (Month) 15 (Day) 1867 (Year)

8. AGE: Years 74 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Penn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name William EVANS
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARY JANE SMITH
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant CARRIE EVANS

(b) Address GALENA KAN. R. 1.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs Cem 372

18. (a) Signature of funeral director [illegible]

(b) Address Galena Kansas

19. (a) 3-10-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

41-4-387

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.....

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.