

Registration District No. 287

Primary Registration District No. 5-407

1. PLACE OF DEATH:

(a) County Dunklin "Cotton Hill"  
(b) City or town Malden "Rural Route"  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Yr.  
In this community 12 Yr.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Malden "Rural Route 2 35"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29<sup>th</sup>  
year 1941 hour 7 minute 15-9 M.  
21. I hereby certify that I attended the deceased from Oct 26  
1941 to Oct 29 1941  
that I last saw h. im alive on Oct 26<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction Duration 2 years  
Reduced kidney function due to h. p. due to pressure 3 wks  
Other conditions Tox. in myocardium 3 wks  
(Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy —  
93a  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Wm Thomas Evans  
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Altie Evans 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased April 6 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business —

12. Name —

13. Birthplace — 9  
(City, town, or county) (State or foreign country)

14. Maiden name — 9

15. Birthplace — 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Son J. T. Evans

(b) Address Malden Mo.

17. (a) Malden Park (b) Date thereof Oct 31  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Landon J. Campbell

(b) Address Campbell Mo.

19. (a) 10/29/41 (b) S. B. Mitchell  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury —  
While at work? —  
23. Signature S. B. Mitchell (M. D. or other) —  
Address Malden Mo Date signed 10/29/41

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 1141-1494

Date Filed 11-2-41

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 *Christina M. Sanders*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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, fact should be so stated above.