

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21565

State File No.

Registrar's No.

Registration District No. 448

Primary Registration District No. 5615

53
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Sleepers Union, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Sleepers 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES WINTON EVANS

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Evans 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased may 17 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 18 hr. min.

9. Birthplace Miller Co mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Owen Evans

13. Birthplace Marion Co mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Jesse Evans

(b) Address Sleepers mo

17. (a) Burial (b) Date thereof June 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W E Holman

(b) Address Lebanon

19. (a) June 9-42 (b) Grace Roper
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from May 15
1942 to June 5 19 42
that I last saw him alive on May 30 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Phlebotomy Duration
had General Periton.
a complication of blood vessel
with Progressive aortic.

Due to

Other conditions Stomach Widely open
(Include pregnancy within 1 month of death)
as stated above

Major findings: H. C. ...
Of operations no

Of autopsy no 940
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?

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

While at work?

23. Signature W E Holman (M.D. or other) 0

Address Lebanon Date signed 6-9-42

1090

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Laclede County Health Unit
District Health Officer No. _____
District File Number 7-42-100
Date Filed 7-13-42

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 _____
No Embalming _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.