V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34208

State File No.

Registration District No. 185 Primary Registration District No. 5692 Registrar's No. 19

58 0 0

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Meadville RR. Parson Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Meadville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

58 0 0

3. (a) PRINT FULL NAME Henry Franklin Evertson
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flora May Evertson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan (Month) 22 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	10	hr. min.

9. Birthplace Coatsburg, Adams Co. Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name William Evertson
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Sarah Murray
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. H. F. Evertson
(b) Address Meadville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4 42 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville cem.
18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo
19. (a) Oct. 4, 1942 (Date received local registrar) (b) Mrs. Vira Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1942 hour 6 minute 5 M.
21. I hereby certify that I attended the deceased from Sept 29 1942 to Oct 2 1942 that I last saw him alive on Sept 1. 9.30 PM 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Thrombosis & Cerebral thrombosis	2 do
Due to Valvular vegetation on heart & fibrin thrombi	4 do
Due to Endocarditis	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy

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 J. H. Hardy (M. D. coroner)
Address Bunker Mo. Date signed 10/2 42

(Licensed Embalmer's Statement on Reverse Side)

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 Self, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.