

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41230**

FILED JAN - 8 1942
Registration District No. **05**

Primary Registration District No. **5741**

Registrar's No. **12**

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

61
0
0

1. PLACE OF DEATH:

(a) County Mason

(b) City or town Rural Rubel
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
—
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
years, months or days) 74 years

In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mason

(c) City or town New Cambria (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 mile N.W. of New Cambria
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARYJANE BEVAN

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 Reed J. Bevan

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

7. Birth date of deceased October 1 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 18 If less than one day — hr. — min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

MOTHER FATHER

12. Name William Parker

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

14. Maiden name Elizabeth Owens

15. Birthplace — England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eve Bevan

(b) Address New Cambria

17. (a) Burial (b) Date thereof Dec 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cash Cemetery

18. (a) Signature of funeral director J. P. Hilliland

(b) Address New Cambria, Mo.

19. (a) Dec 21, 1942 (b) Almena M. Hilliland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1942 hour 11 pm minute — M.

21. I hereby certify that I attended the deceased from Dec 16 1942 to Dec 18 1942
that I last saw her alive on Dec 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension 1 yr

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations —

Of autopsy no

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?
While at work? — (Specify type of place)
(e) Means of injury —

23. Signature — (M. D. or other)

Address New Cambria Mo Date signed Dec 21, 1942

RECEIVED

District Health Officer No. 10

District File Number 4-43-26

Date Filed Jan-6-1943

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~~.....

H. J. Gilleland
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.