

FILED JAN - 8 1943
Registration District No. **1043**

Primary Registration District No. **6082**

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

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Napton "Rural"
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Arrow Rock Twp 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..... Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... mo (b) County Saline **97**
 (c) City or town..... Napton "Rural" **0**
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME LESS EVERETH
 3. (b) If veteran, name war..... no 3. (c) Social Security No..... no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 23
 year 1942 hour 10 minute 50 P.M.
 21. I hereby certify that I attended the deceased from Aug 10
 1992 to Dec 23 1942
 that I last saw him alive on Dec 23 1942
 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or Race B 6. (a) Single, widowed, married, divorced..... married
 6. (b) Name of husband or wife..... Ellen Sharon Evereth 6. (c) Age of husband or wife if alive..... 54 years
 7. Birth date of deceased Apr - 10 - 1880
(Month) (Day) (Year)

Immediate cause of death..... Mitral Regurgitation **4yrs**
 Duration..... **4yrs**

8. AGE: Years Months Days If less than one day
57 8 13hr.....min.

Due to..... MI
 Due to..... 92d
 Other conditions..... Diaphy **2nd**
(Include pregnancy within 3 months of death)

9. Birthplace..... Saline Mo mo 0
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Farmer

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

MOTHER FATHER {
 11. Industry or business.....
 12. Name..... Daniel Evereth
 13. Birthplace..... mo 0
(City, town, or county) (State or foreign country)
 14. Maiden name..... Sylvia Thompson
 15. Birthplace..... mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ellen Sharon Evereth
 (b) Address..... Napton mo R1

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.....

17. (a) Burial (b) Date thereof Dec - 26 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Fairview (Col) Cem, Marshall mo

18. (a) Signature of funeral director..... Harry Heislberger
 (b) Address..... Marshall mo

23. Signature..... M. J. Hummer (M. D. or other)
 Address..... Marshall mo Date signed 1/24/42

19. (a) Dec 24, 1942 (b) Mrs. W. E. Shackelford
(Date received local registrar) (Registrar's signature)

RECEIVED

Sanitary Health Officer No. 8,
District File Number _____

Date Filed 1-2-43

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 _____

Harry Hershberger

Registered Apprentice No. 334

working under my personal supervision.

Signed *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address *Clinch, 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.