

No. 2
4-13-40
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15125

LED APR 26 1943

Registration District No. 280

Primary Registration District No. 5962

State File No. _____

Registrar's No. 10

1. PLACE OF DEATH:

(a) County PLATTE

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

(c) Name of hospital or institution:
BEAN LAKE
(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)

3. (a) PRINT FULL NAME EVAN EUGENE TONSING

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DEC. 15, 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	4	3	hr. _____ min.

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

10. Usual occupation STUDENT

11. Industry or business _____

MOTHER FATHER

12. Name EVAN WALKER TONSING

13. Birthplace ATCHISON KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name BESSIE MOYER

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

16. (a) Informant Evan W. Tonsing

(b) Address ATCHISON, KANSAS

17. (a) REMOVAL (b) Date thereof 4-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. VERNON - ATCHISON, KAN.

18. (a) Signature of funeral director Wm Stanton
ATCHISON, KANSAS

(b) Address _____

19. (a) 4-20-43 (b) Mrs Clay Duffee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County ATCHISON 999
14
0

(c) City or town ATCHISON
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 RIVERVIEW DRIVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18TH
year 1943 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 18
1943 to April 18 1943
that I last saw him alive on April 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death drowned
in Bean Lake 3ulla

Due to High wind

Due to 1

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy no-viewed

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) no 183V

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature ITH Moore Coroner
Dearborn (M. D. or other)
Address _____ Date signed 4/19/43

1209

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1943

7.2.V

-MO

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.....

Wm. Stanton, Jr.

Licensed Embalmer No.....

3778

P. O. Address.....

Atchison, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-125-
Registrar's No. 10

Registration District No. 280

Primary Registration District No. 5962

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rushville
(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
In this community years, months or days)

3. (a) PRINT FULL NAME Evan E. Tansing

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

4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days (If less than one day) min.

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

10. Usual occupation

11. Industry of business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 18 Year 1943 hour 9 minute 36 M.

21. I hereby certify that I attended the deceased from
that I have seen him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to drowned in Bear Lake high wind

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Drowned Accident

(b) Date of occurrence April 18 1943

(c) Where did injury occur? Bear Lake Platte Co MO

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

Public place

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

23. Signature M. H. Moore (M. D. or other) Coroner

Address Dearborn MO Date signed 4/19/43

SUPPLEMENTARY

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

S-15125