

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 13 1943

Registration District No. 172

Primary Registration District No. 3021

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
1011 Eustace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 59 years (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Trenton 9.
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 Eustace
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LINNIE EVANS

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1943 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from 10-27-43
_____, 19____, to Nov 6, 1943
that I last saw her alive on 11-6, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 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 26 1884
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Duration 10 Day

8. AGE: Years Months Days If less than one day
58 10 10 hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Homemaker

Major findings: Of operations None

11. Industry or business Home

Of autopsy None

12. Name E. R. Evans

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

14. Maiden name Mary J. Haman

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

16. (a) Informant Bessie Evans

(b) Address Trenton, Missouri

17. (a) Home (b) Date thereof 11 9 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1907 Cemetery

18. (a) Signature of funeral director Wm. J. Roberts

(b) Address Trenton, Mo.

19. (a) 11-12-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

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 W. H. Wintersham (M. D. or other)
Address Trenton, Mo. Date signed 11/10/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
1
2

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.....

My self
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond A. Lewis*
.....
Licensed Embalmer No. *3424*
P. O. Address *Drexton, 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.
never embalmed