

FILED DEC 13 1943

Registration District No. 191

Primary Registration District No. 4304

Registrar's No. 70

1. PLACE OF DEATH:  
 (a) County Livingston  
 (b) City or town Ludlow  
 (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 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Carroll  
 (c) City or town Dawn (Washington Twn.)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? yes (Yes or No)  
 If yes, name country Wales

3. (a) PRINT FULL NAME Mary Ann Evans  
 3. (b) If veteran, name war --  
 3. (c) Social Security No. --

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 1st year 1943 hour 5 minute 00a.m.  
 21. I hereby certify that I attended the deceased from January 4 1943, to July 1st 1943, that I last saw him alive on July 30 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 widow  
 6. (b) Name of husband or wife Benjamin Evans  
 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased March 15th 1857  
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of bowels  
 Duration \_\_\_\_\_

8. AGE: 36 Years 3 Months 16 Days If less than one day hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name William R. Hughes

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

14. Maiden name Esther Hughes

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

16. (a) Informant Joe Hughes

(b) Address Dawn Missouri

17. (a) Burial (b) Date thereof 7/4/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bron Cem.

18. (a) Signature of funeral director Donald Mead

(b) Address Breymer Missouri

19. (a) 7/7/43 (b) Manish Cople  
 (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 P. D. Williams (M.D. or other) 80

Address Ludlow, Mo. Date signed 7/3/43

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

MOTHER FATHER

1004

(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.....

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

Signed Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Graymer, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. dec.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Livingston  
 (b) City or town subtown  
(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 5 mo. years, months or days)

**3. (a) PRINT FULL NAME** Mary A. Evans  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 15 - 1903  
(Month) (Day) (Year)

**8. AGE:** Years 86 Months 3 Days 6 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
**FATHER** { 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 \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (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 July day \_\_\_\_\_ year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to Carcinoma of Duodenum

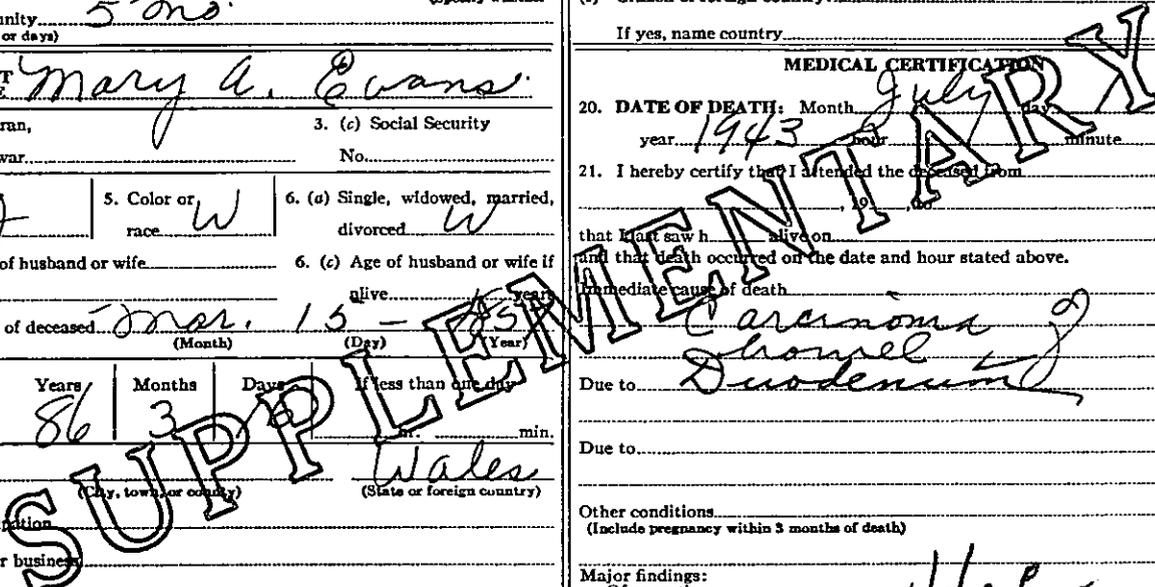
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 46e  
 Of autopsy \_\_\_\_\_

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 F. J. Reilly (M. D. or other)  
 Address Ludlow, MO. Date signed \_\_\_\_\_



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

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

38649