

REG. JAN 10 1948 7
Registration District No. 245

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 72 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴²
(c) City or town Clinton (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 _____

3. (a) PRINT FULL NAME Michael James Evans

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of Hattie Evans wife 6. (c) Age of 64 wife if alive _____ years
7. Birth date of deceased 4 16 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Evans
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Margaret Heligan
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Evans

(b) Address St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 24 48 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Paul Robinson

(b) Address Clinton Mo

19. (a) Dec 24 1948 Georgia Kitchener (Date received local registrar) (Registrar's signature) G.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1943 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 14 1943 to Dec 22 1943 that I last saw him alive on Dec 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 yrs.
Due to Septic lobopneumonia 10 da.

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

Duration
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) _____
(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 Eugene Revill (M.D. or other) MD
Address Clinton Date signed _____

RECEIVED
District Health Officer No. 7,
District File Number 12-43-1442
D. to Filed 1-6-44

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 Fred Wellman

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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.