

FILED MAR 8 1944

Registration District No. 1340

Primary Registration District No. 5280

Registrar's No. 20

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

1. PLACE OF DEATH

(a) County Clark

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

(c) Name of hospital or institution: 1 Lincoln Turn
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Ashtan - Rural
(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 _____

3. (a) PRINT FULL NAME Lou B. EVANS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 1941 to December 1943 and that death occurred on the date and hour stated above.

that I last saw her alive on Dec 25 1943

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

6. (b) Name of husband or wife Wm. F. Evans 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 16 1863
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Geo. Goodrich

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

14. Maiden name Haley Maude

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

16. (a) Informant R. O. Evans

(b) Address Ashtan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 - 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Kakaha Co.

18. (a) Signature of funeral director J. H. ...

(b) Address Kakaha Mo.

19. (a) 2-9-44 (Date received local registrar) (b) Perry S. Barton (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

93d

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 2

23. Signature Lawrence E. Rome (M. D. or other) _____

Address Kirkville Mo Date signed 2/9/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-44-468

Date Filed MAR 7 1944

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

Alis L. Lutting

Licensed Embalmer No.

2965

P. O. Address

May No

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.