

S. No. 2  
M-5-43  
v. 5-17-39  
No I X36671

18330

State File No. \_\_\_\_\_  
Registrar's No. 257

FILED JUN 12 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
315 E. 22nd Street  
(If not in hospital or institution, write street number or location)

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

In this community 45 years  
years, months or days

3. (a) PRINT FULL NAME Hattie W. Evans

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife James A. Evans

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

7. Birth date of deceased December 10, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

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

12. Name of FATHER Marshall L. Wheeler

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

14. Maiden name of MOTHER Hannah Boehm

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

16. (a) Informant Mrs. Edward Pflug

(b) Address 315 E. 22nd, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/20/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 5-17-44 (Date received local registrar) (b) Gustavo Sudhalter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 315 E. 22nd Street  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1944 hour 9 minute 30 A.

21. I hereby certify that I attended the deceased from May 15  
1944 to May 16 1944, 19\_\_\_\_;  
that I last saw her alive on May 16 1944, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia. Duration 4 days

Due to Senility

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

Other conditions 108  
(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) \_\_\_\_\_

(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? no

While at work? no (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (A. D. or other) \_\_\_\_\_  
Address May 17 1944 Date stated 5/17/44

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

1204

44-5-418

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**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**