

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 254

Primary Registration District No. 4386

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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 years, months or days)

In this community 60 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer
(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 Mary Manila Evans

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 Jan. 5 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER: 12. Name Addison Hurst

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

14. Maiden name Unknown

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

16. (a) Informant Will Evans
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 4/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo Carr
(b) Address Thayer, Mo.

19. (a) 6-15-45 (b) Zoe W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month April day 16
year 1945 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 1
1945 to April 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pylo-epithelium Sepsis

Due to _____

Due to _____

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

Major findings: 132:1

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 Doc Cooper (M. D. or other) MD
Address Thayer, Mo. Date signed 5-21-45

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

745-337

7-16-45.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.