

FILED DEC 6 1945

Registration District No. 07

Primary Registration District No. 4153

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lackwood
(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 all her life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harriett M. Evans

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 23
year 1945 hour 12:00 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan
_____ 1930 to Nov _____ 1945
that I last saw her alive on Nov 23 _____ 1945
and that death occurred on the date and hour stated above.

4. Sex F 1. Color of race Wh

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

6. (b) Name of husband or wife Leonard J. Evans

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

7. Birth date of deceased Dec 23 1854
(Month) (Day) (Year)

Immediate cause of death _____

Due to Senility

Due to _____

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

Major findings: Of operations 102K

Of autopsy _____

8., AGE: Years Months Days If less than one day

90 11 — _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Tinley

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

14. Maiden name Margaret Jack

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

16. (a) Informant J. K. Evans

(b) Address Lackwood, Mo

17. (a) Interment (b) Date thereof Nov 27-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lackwood

18. (a) Signature of funeral director W. Ray Caldwell

(b) Address Lackwood, Mo

19. (a) 11-23-45 (b) Mary Beth Bird
(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 James A. Wray (M. D. or other) _____
Address Lackwood, Mo Date signed 11-23-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *[Signature]*

Licensed Embalmer No. *2380*

P. O. Address *Lockwood 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.