

**FILED** APR 8 1946  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 285

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1081 E. Divison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 40 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1081 E. Divison  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Evaline Deeds

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife David Deeds 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased October 8, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 5 20 hr. min.

9. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER  
12. Name Calvin Beasley  
13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name (UNK) Walker  
15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mamie Beasley  
(b) Address Branson, Mo.

17. (a) Burial (b) Date thereof March 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J.W. Klingner & Co.  
(b) Address Springfield Mo.

19. (a) 3-30-46 (b) Dr W.S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1946 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Unattended by physicians  
that I last saw him alive on 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death probably cerebral hemorrhage  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations g-3w  
Of autopsy.....  
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 Dr W.S. Handley (M. D. or other)  
Address Springfield, Mo. Date signed 3/30/46

39  
2  
6  
7989  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Ogle Stone Jr.  
Licensed Embalmer No. 4126  
P. O. Address Springfield 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.**

X