

FILED APR 17 1946

Registration District No. 56

Primary Registration District No. 3001

Registrar's No.

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 4101 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Allen Evans

3. (b) If veteran, name war
3. (c) Social Security No 500-09-281

4. Sex Male color W
5. Color or race
6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 27 1907

7. Birth date of deceased December 27 1907
(Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 4
If less than one day hr. min.

9. Birthplace Gravette Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation engineer

11. Industry or business laundry

12. Name Edward Evans

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

14. Maiden name Ella Algood

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

16. (a) Informant Mrs Max Woolsey

(b) Address 4101 Virginia

17. (a) burial (b) Date thereof 3-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osburn Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Missouri

19. (a) 3846 (b) Belle Pearson, D.R.
(Date received final registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Dec 28 1945 to Mar 4 1946

that I last saw him alive on Mar 4 1946 and that death occurred on the date and hour stated above

Immediate cause of death Congestive heart failure
Due to Rheumatic Heart Disease
disruption of valve
Due to Rheumatic fever
age 14
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy 95%

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) (By means of injury)
23. Signature (M. D. or other)
Address 1095 Joplin, Mo Date signed 3/6/46

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

13482

46-3-268

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..... *Josephine*

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.