. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16166

State File No.

FILED JUN 13 1946

Registration District No. 9 8 Primary Registration District No. 4165 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(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 About 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin 1
(If outside city or town limits, write "RURAL")
(d) Street No. --- 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Charles Evans
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 495-07-3681
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Evans
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August (Month) 18 (Day) 1889 (Year)
8. AGE: Years 56 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Storm Lake (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Manager
11. Industry or business Young Lumber Co.,
FATHER 12. Name William Harrison Evans
FATHER 13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1
MOTHER 14. Maiden name Mary Watson
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Mary Evans
(b) Address Gallatin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Jamesport, Mo.
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) 6-4-46 (Date received local registrar) (b) Eugene M. Engelbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from JAN 1, 19 46 to May 31, 19 46 and that death occurred on the date and hour stated above.
that I last saw him alive on May 39, 19 46
Immediate cause of death angina pectoris — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. W. Bailey M.D. (M.D. or other)
Address Gallatin Mo. Date signed May 31 1946

61 (Licensed Embalmer's Statement on Reverse Side)

JUL 30 1958

JUN 18 1946

JUN 20 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.