

FILED FEB 20 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3858

State File No. \_\_\_\_\_

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 3

1. PLACE OF DEATH:

(a) County ANDRAIN

(b) City or town VANDALIA  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
401 WEST PAGE ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 34 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN

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

(d) Street No. 401 WEST PAGE ST  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Josephine KAGER EVANS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: MAY 13 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation English Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas M. Evans

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

14. Maiden name Erl Zabeth M. H. Ford

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

16. (a) Informant Best County (SISTER)

(b) Address 401 W. PAGE VANDALIA MO

17. (a) BURIAL (b) Date thereof FEB. 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director M. S. Waters

(b) Address VANDALIA MISSOURI

19. (a) Feb 10, 1947 (b) Mallie Fugate  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 9<sup>th</sup>  
year 1947 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from JUNE 15 1946 to FEBRUARY 9 1947  
that I last saw her alive on FEBRUARY 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic of LUNGS. CARCINOMA

Due to DIABETES INSIPIDUS

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 47D

Of autopsy \_\_\_\_\_

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 Phy. Albert J. [unclear] (M. D. or other) \_\_\_\_\_  
Address Vandalia Mo Date signed 2/10/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 19 1949

FEB 20 1947

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-324  
Date Filed FEB 14 1947

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Dandalia 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.