

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1215 N. Green St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 10 Months
years, months or days)

3. (a) PRINT FULL NAME Robert L. Evans

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased December 17 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Trenton Missouri U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Rural Mail Carrier

11. Industry or business _____

12. Name Clifton A. Evans

13. Birthplace Howard Co. Missouri U
(City, town, or county) (State or foreign country)

14. Maiden name Susan Laffoon

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

16. (a) Informant C. C. Evans

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 3/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Mo

18. (a) Signature of funeral director J. E. Riley

(b) Address Kirksville, Missouri

19. (a) 3-17-47 (b) W. H. Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 724 W. Crowder Road 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1947 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from Dec 20
1947 to March 17 1947
that I last saw him alive on March 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Valves
Heart Disease with
Chr. Nephritis Duration 400 hrs

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. Lambert (M. D. or other) _____

Address Kirksville Mo Date signed 3-17-47

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

2-43
7-39
X39607

7713

MAY 28 1947

APR 4 1947

RECEIVED
District Health Officer No. 3473
Date Filed - MAR 26 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..... *D. E. Riley*
Licensed Embalmer No..... *1181*
P. O. Address..... *Kennett*

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.