

S. No. 2
M-5-43
7-5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44670
Registrar's No. 4444

Registration District No. 296 Primary Registration District No. 4444

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Candeur, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 79 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Candeur, Mo.
(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)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer Allen Evans
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18th
year 1947 hour 10 minute 18 P.M.
21. I hereby certify that I attended the deceased from 2-12-47, 19, to 2-18-47, 19,
that I last saw h _____ alive on _____, 19,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Myrtle Evans
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 28, 1867
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 79 Months 4 Days 20
If less than one day _____ hr. _____ min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
Duration ?

9. Birthplace Candeur Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Hamilton A. Evans
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Cook
15. Birthplace Candeur Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Evans
(b) Address Candeur Mo.

17. (a) Burial (b) Date thereof 2/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Summit slope, Candeur

18. (a) Signature of funeral director Quitt Hill
(b) Address Richmond Mo.

19. (a) 3/11-47 (b) Walter J. Larkin
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 0
23. Signature Thos. J. Cook (M. D. XXX)
Address Richmond, Mo. Date signed 2-25-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-15-47

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 _____

Licensed Embalmer No. 4566

P. O. Address Putnam, N.C.

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.