

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JUL 15 1947
Registration District No. **157**

Primary Registration District No. **4097**

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

1. PLACE OF DEATH:

(a) County **Cass**

(b) City or town **Harrisonville Mo**
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass** **19**

(c) City or town **Harrisonville** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **600 Fuller** **0**
(If rural, give location)

(e) Citizen of foreign country? **✓** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Barry Dean Evans**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **male** 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 **June 23-1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

- - - 4 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Herschel Evans**

13. Birthplace **Peculiar Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Belle Plummer**

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

16. (a) Informant **Herschel Evans**

(b) Address **Harrisonville Mo**

17. (a) **Harrisonville** (b) Date thereof **6-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Garden City Mo**

18. (a) Signature of funeral director **RUNNENBURGER**

(b) Address **HARRISONVILLE, MO.**

19. **June 23, 1947** **Rama J. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1947** hour **9:30** minute **A.**

21. I hereby certify that I attended the deceased from **June 22nd 5:15 a.m.** to **June 23 (9:30 a.m.) 1947**
that I last saw him alive on **June 23**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Potent Foramen Ovale**

Due to **Premature Birth**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **157E**

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)

Means of injury **2**

23. Signature **D. C. Everett** (M. D. or other) **D. C.**

Address **Harrisonville, Mo** Date signed **6/23/47**

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.

not embalmed

Signed *Frank E. Rumberger*

Licensed Embalmer No. *2681*

P. O. Address *Hannonsville, 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.