

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35303**

FILED OCT 25 1947

Registration District No. **277**

Primary Registration District No. **441**

Registrar's No. **46**

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

1. PLACE OF DEATH: **PIKE**

(a) County **PIKE**

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

(c) Name of hospital or institution: **Home**  
(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: **PIKE 82**

(a) State **Mo** (b) County **PIKE**

(c) City or town **BOWLING GREEN MO**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

3. (a) PRINT FULL NAME **William Henry Evans**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **11**  
year **1947** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **33** to **10-11-47**  
that I last saw him alive on **10-7-47**  
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 **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased: **Dec** (Month) **30** (Day) **1857** (Year)

Immediate cause of death: **Coronary Thrombosis** Duration **1 hr.**

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

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

8. AGE: Years **89** Months **9** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farming**

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

MOTHER FATHER

12. Name **Henry Evans**

13. Birthplace **2 Penn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Nicholas**

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

16. (a) Informant **Mr. Luther Evans**

(b) Address **Bowling Green Mo**

17. (a) **Burial** (b) Date thereof **11 14 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salome Cemetery Mo**

18. (a) Signature of funeral director **Grace Benfield**

(b) Address **18 Bowling Green Mo**

19. (a) **10-18-47** (b) **J. B. Robinson**  
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations **94A**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **J. M. McQuinn** M. D. or other **190.**  
Address **Bowling Green Mo** Date signed **10-13-47**

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1445  
Date Filed OCT 23 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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.