

No. 2
-8-43
-17-39
X37823

State File No. _____

FILED MAR 9 1948

Registration District No. 27

Primary Registration District No. 5096

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural - Mt. Pleasant
(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)

3. (a) PRINT FULL NAME George W. Everhart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ida Belle Everhart

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 10 1859
(Month) (Day) (Year)

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

88 1 17 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Phillip P. Everhart

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

14. Maiden name Mary E. Crawford

15. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Belle Everhart

(b) Address R.F.D. 3 Butler, Mo.

17. (a) Burial (b) Date thereof Jan. 29 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 1-29-48 (b) Handall Kersey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. R.F.D. 3 Butler, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1948 hour 10 minute 15 AM

21. I hereby certify that I attended the deceased from July 15 to Jan 24, 1948
that I last saw him alive on Jan 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Cerebral Hemorrhage

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

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) no

(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? _____ (e) Means of injury 0

23. Signature Phillip P. Everhart (M. D. or D. O.)
Address Butler, Mo Date signed 29-2-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 2-48-196

Date Filed 3-8-48

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

John G. Andrews

Licensed Embalmer No.

3585

P. O. Address

Butler 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.