

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3999**
Registrar's No. **292**

FILED MAR 15 1948

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1721 1/2 Bartlett Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 6 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1721 1/2 Bartlett
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wilbur Casten Evans

3. (b) If veteran, name war World War II

3. (c) Social Security No. 515-05-9779

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1948 hour I minute A, M.

21. I hereby certify that I attended the deceased from Viewed
March 6th 48 1948 to _____ 19 ;

that I last saw him _____ alive on _____ 19 ;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Edna Mae Evans

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 12 1918
(Month) (Day) (Year)

Immediate cause of death Suicide by fire arms Duration _____

8. AGE: Years 29 Months 8 Days 24
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Laborer - Foundry

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

11. Industry or business Laborer

12. Name Avey Evans

13. Birthplace (unknown)

14. Maiden name Mellie Coleman

15. Birthplace Wathena Kansas
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mellie Ridley

(b) Address Wathena - Kansas

17. (a) Burial (b) Date thereof 3-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Wm. H. Alvarado

(b) Address St. Joseph, Mo.

19. (a) 3-11-48 (b) E. B. Jenkins
(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) Suicide

(b) Date of occurrence March 6th 1948

(c) Where did injury occur? St. Joseph, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place)

(e) Means of injury Gun

23. Signature B. W. Tadlock Coroner
King Hill Bldg (M. D. 3/8/48)
Address _____ Date signed _____

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

MOTHER FATHER

MAR 17 1948

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.....

Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.