No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7880

State File No.

FILED MAR 22 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 317

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: Mo. Methodist Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 days (Specify whether years, months or days)
In this community: 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Daviess 3/
(c) City or town: "Rural" Lincoln Township 0 (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: Stanley R. Evans
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: Male 0
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: February (Month) 15 (Day), 1938 (Year)

8. AGE: Years 10 / Months 0 / Days 19 / If less than one day: hr. min.
9. Birthplace: Creede (City, town, or county) Colorado (State or foreign country) /
10. Usual occupation: Student
11. Industry or business: Public Schools
FATHER
12. Name: Floyd Evans
13. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name: Lucretia Losh
15. Birthplace: Linn County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Mrs. Lucretia Arms
(b) Address: RFD Jamesport, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 3-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Breckenridge, Mo.
18. (a) Signature of funeral director: Blamey Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 3-15-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1948 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb. 10, 1948 to Mar 4, 1948 and that I last saw him alive on Mar 4, 1948. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute lymphaemia (Lymphatic)	6 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

14B

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: H. B. Samuel (M. D. or other)
Address: St Joseph Mo Date signed: 3-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.