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

FILED MAR 19 1948

Registration District No. 77

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

8228

State File No.

Registrar's No. 67

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 515 E. Mc Carty St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Catherine Evans
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Isaac
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Sept 11 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	5	27	hr. min.

9. Birthplace: Columbia, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: William Turner
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Mary Wren
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Isaac Evans
(b) Address: Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Victor Buescher
(b) Address: Jefferson City, Mo.
19. (a) 3-9-48 (Date received by local registrar) (b) R. O. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 8
year: 1948 hour: 8 minute: 30 A.M.
21. I hereby certify that I attended the deceased from 3/1/48, 19..., to 3/8, 1948, that I last saw him alive on 3/8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured arterial aneurysm — Duration: 1 wk.
Due to: arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 0
Of autopsy:

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: [illegible] (M. D. or other): MD
Address: Jeff City Date signed: 3/9/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 18 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 Victor Bauscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.