

No. 2  
12-45  
17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9187  
Registrar's No. 16

Registration District No. 163

Primary Registration District No. 5596

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto, R.F.D #3  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 50 yrs.

USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town De Soto, R.F.D #3  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME Delia Meesey Evans

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29<sup>th</sup>  
year 1948 hour 2 minute 40 P.M.

4. Sex F 5. Color or race W

6. (a) Single, (widowed), married, divorced 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive deceased years 1st 1871  
(Day) (Year)

7. Birth date of deceased Dec. 1st 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1948 to 2/29 1948

that I last saw him alive on 2/9 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease Duration 6m

8. AGE: Years 76 Months 2 Days 28 hr. min.

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

Due to Diabetes Mellitus

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

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

10. Usual occupation At Home

Major findings: Of operations \_\_\_\_\_

Of autopsy 61

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Frank Meesey

13. Birthplace Washington Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Beyer

15. Birthplace Washington Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Yermon A. Evans

(b) Address 1120 So 4th De Soto Mo

17. (a) Burial (b) Date thereof 3-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary - De Soto Mo

18. (a) Signature of funeral director J. Lee Motherhead

(b) Address De Soto Mo

19. (a) 3/6/48 (b) Marie Harris  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature Chris J. Faller M.D. or other \_\_\_\_\_

Address De Soto Mo Date signed 3/1/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 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 *J. H. Mothershead*  
Licensed Embalmer No. *3531*  
P. O. Address *224 S. W.*

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.