

FILED JUL 26 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **203**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 1/2 weeks**
In this community **12 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1014 West 6th**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Byron E. Evans**
(b) If veteran, name war **W.W. II**
(c) Social Security No. **487-03-7042**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **8**
year **1948** hour **12** minute **35** P.M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **29** years

21. I hereby certify that I attended the deceased from **8-16**, 19**48** to **7-8**, 19**48**.
that I last saw him alive on **7-8**, 19**48**.
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **Dec. 4 1912**
(Month) (Day) (Year)
8. AGE: Years **35** Months **7** Days **4**
If less than one day hr. min.

Immediate cause of death: **Death due to Myo. Carditis** **10 das.**
Due to **Carcinoma Primarily of stomach, which had metastasized to lungs and intestines.**
Other conditions: **Cachexia marked.**

9. Birthplace: **Cedarville Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Major findings: **Operated @ Research Hospital in K.C. Mo. 1947.**
Of autopsy **None**
PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Chas B. Evans**
13. Birthplace: **Dade Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lenna Pearl Amos**
15. Birthplace: **Dade Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virginia Evans**
(b) Address **1014 W. 6th, Sedalia, Mo**
17. (a) **Burial** (b) Date thereof **7-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**
Gillespie, Funeral Home

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?

18. (a) Signature of funeral director **BW Peckhart**
Sedalia, Mo
(b) Address _____
19. (a) **7-10-48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)
25 (Licensed Embalmer's Statement on Reverse Side)

While at work? _____ (Specify type of place)
(c) means of injury _____
23. Signature **Through B. Peckhart** (M.D. or other) **M.D.**
Address **Sedalia, Mo** Date signed **7-10-48**

MOTHER FATHER

80
6
0

Duration
10 das.

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-23-48

AUG 12 1948

JAN 27 1948

JAN 31 1952

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 A. Cantlon

Licensed Embalmer No.

4387

P. O. Address

Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.