

FILED SEP 10 1948

Registration District No. **20**

Primary Registration District No. **5179**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County: **Candeur**
 (b) City or town: **Montreal Rural-Organized**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home - Star Route 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community **life**
 years, months or days

3. (a) PRINT FULL NAME

Albert Eugene Evington
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Sallie Woolsey Evington** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **March 20 1877**
 (Month) (Day) (Year)

8. AGE: Years **71** Months **16** Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Candeur Co mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Charles Evington**

13. Birthplace **(?) P1 9**
 (City, town, or county) (State or foreign country)

14. Maiden name **Carson**

15. Birthplace **(?) 9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Evington, wife**

(b) Address **Montreal, Mo**

17. (a) **Burial** (b) Date thereof **April 8 - 48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hugo Cen**

18. (a) Signature of funeral director **Barkson Woolsey**

(b) Address **Candeur, mo**

19. (a) **Sept. 3-1948** (b) **Zilpha Drew**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Candeur**
 (c) City or town **Montreal Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Star Route**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
 year **1948** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **April 6 - 1948**
 that I last saw him **alive** on **April 6 - 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion + sclerosis**
 Due to **Chronic Heart**
 Duration **year**

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

Major findings:
 Of operations _____
 Of autopsy **no**

PHYSICIAN
 Underline the cause to 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 **3**
 23. Signature **Bell Woolsey** **Coroner**
 (M. D. or other)
 Address **Candeur, Mo** Date signed _____

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 8-48-105

Date Filed 9-9-48

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 Abbie Buchanan Woolf

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.