

FILED JUL 3 1947

Registration District No. **13**

Primary Registration District No. **3003**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Monett**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
304 9th St 1
(If not in hospital of institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **about 50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** **5**
 (c) City or town **Monett** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **304-9th St** **1**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **none**

3. (a) PRINT FULL NAME **Elsworth Alonzos Everley**

3. (b) If veteran, name war **None**
 3. (c) Social Security No. **702-07-1515**

4. Sex **m** 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Effie Cordelia Everley** alive **56** years
 6. (c) Age of husband or wife if
 7. Birth date of deceased **October 24 1875**
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **21**
 If less than one day hr. min.

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

10. Usual occupation **Retired Loco Engineer**

11. Industry or business **Frisco Railroad**

12. Name **Isaac Alonzos Everley**

13. Birthplace **Pottstown Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Heiser**

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

16. (a) Informant **Mrs E.D. Everley**

(b) Address **304 9th St, Monett Mo.**

17. (a) **Burial** (b) Date thereof **June 17 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DOOFBm Monett Mo**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett Missouri**

19. (a) **6-18-47** (b) **W.M. West**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
 year **1947** hour **3** minute **30** A.M.

21. I hereby certify that I attended the deceased from **May 15**
 that I last saw **him** alive on **June 13** 1947
 and that death occurred on the date and hour stated above. **1947**
 Duration

Immediate cause of death **Cerebral hemorrhage and embolism**
and arteriosclerosis
 Due to **embolism and arteriosclerosis**
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **97E**
 Of autopsy

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

Where did injury occur? (City or town) (County) (State)

(c) 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 **J.P. Ferguson** (M. D. or other) **M.D.**

Address **Monett Mo** Date signed **6-16-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8;

District File Number 647-685

Date Filed JUN 30 1947

JUL 29 1947

JUN 3 1947

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. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Worrell Ave

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.