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JAN 21 1945

Registration District No. 274

Primary Registration District No. 4335

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community In City, 9. Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 305 South Owns
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Evans
 (b) If veteran, No No name war _____
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 20
 year 1940 hour 4 PM minute _____ M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 6 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Suicide
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Moniteau, Co. mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Rail Roder
 11. Industry or business _____
 12. Name Mike Evans
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Stack
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy no

MOTHER FATHER {
 16. (a) Informant Mrs. Ethel Earle
 (b) Address California, Mo.
 17. (a) Burial (b) Date thereof Dec. 22. 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic Cent
 18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo.
 19. (a) 12-21-40 (b) W. P. Papejay 504
(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) Suicide
 (b) Date of occurrence 12-20-40
 (c) Where did injury occur? California Moniteau, Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On the street in California, Mo
(Specify type of place)
 While at work? no (e) Means of injury gun shot
 23. Signature W. P. Papejay, Coroner (M. D. or other) _____
 Address California Date signed 12-21-40

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

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.....

Earl R. Boullis

Licensed Embalmer No.....

2126

P. O. Address.....

California

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.