

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14511

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 924
 (b) Township Campbell Primary Registration District No. 5388
 (c) City McClurg (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 62. PRINT FULL NAME Gertie Daves

(a) Residence, No. McClurg, Missouri St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George R. Daves
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
42 2 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Douglas Co. Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME J.W. Jennings
 14. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Josephine Reynold
 16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

17. INFORMANT George R. Daves
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Walnut Grove DATE 4-19-1938

19. FUNERAL DIRECTOR People
 (ADDRESS)

20. FILED 4.26.38 Worona Mendel
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-1938 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to April 18, 1938

I last saw her alive on April 18, 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Dilated Heart and
Cardiac Dropsy

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Mr.
 If so, specify _____

(Signed) J. E. F. Meyer, M. D.
 (Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)