

REC'D MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15908
Do not use this space.

1. PLACE OF DEATH
 (a) County Reynolds Registration District No. 747
 (b) Township Carroll Primary Registration District No. 3979D
 (c) City _____ (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.

2. PRINT FULL NAME MARGARET McNAIL
 (a) Residence, No. FENTERVILLE Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 2, 1886

7. AGE YEARS 58 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRON COUNTY Mo.

13. NAME ROCKER DIXON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME HARDY BRADY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MR R. A. McNAIL FENTERVILLE

18. BURIAL, CREMATION, OR REMOVAL PLACE PARK CEMETERY DATE 4/22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) LEUCKEL FUNERAL SER. IRONTON Mo.

20. FILED May 8 1939 ms 98 Ruppel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1938, to April 21, 1939
 I last saw her alive on Mar 28, 1939. Death is said to have occurred on the date stated above, at 10:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of uterus
 Other contributory causes of importance: H.S.

Name of operation none Date of no
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify no
 (Signed) L. L. Henson M. D.
Beunker, Mo. (Address)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.