

Registration District 104 875

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. Austin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. West, Austin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Garver Davison

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 6, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 11 _____ hr. _____ min.

9. Birthplace Salina / Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER { 12. Name B. F. Garver

13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Bell

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

16. (a) Informant Suzanne Davison

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 6/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson city, Mo.

18. (a) Signature of funeral director Marsh Beckinger

(b) Address Nevada, Mo.

19. (a) 6-17-41 (b) Allen T. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 7 1941, to June 17 1941; that I last saw her alive on June 13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Colon in 1938
Of operations _____
Of autopsy _____

Duration

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? _____

795 (Specify type of place) _____ (e) Means of injury _____

23. Signature William H. Hays (M. D. or other) D

Address Nevada Mo Date signed 6-17-41

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

RECEIVED

District Health Officer No. 7;

District File Number 7-41-~~100~~ 1101

Date Filed 7-7-41

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

Mark Lechinger

Licensed Embalmer No. 2656

P. O. Address Nevada, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.