

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12265

State File No. \_\_\_\_\_

Registration District No. 875

Primary Registration District No. 86162

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada, Nev. Wagon Co.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 8 years 9 months 16 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas  
(c) City or town Long Lane  
(If outside city or town limits, write "RURAL")  
(d) Street No. unknown  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME MARGARET-DAVIS

8. (b) If veteran, name war no 8. (c) Social Security No. none

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

6. (b) Name of husband or wife James Davis 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Feb 26 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 none 24 - hr. - min.

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

10. Usual occupation Registered Nurse

11. Industry or business none

12. Name Archibald M. E. Tavish

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

14. Maiden name Margaret Granger

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

16. (a) Informant Records, State Hospital No 3

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof 3/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cem.

18. (a) Signature of funeral director Ward Cichinger

(b) Address Nevada, Mo.

19. (a) 3/24/42 (b) Country Steiner  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1942 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from  
Oct 1939, to March 22 1942  
that I last saw her alive on March 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure

Due to Luetic Aortic Insufficiency

Due to \_\_\_\_\_

Other conditions Psychosis with  
(Include pregnancy within 3 months of death)  
Luetic Meningo Encephalitis

Major findings: none  
Of operations: \_\_\_\_\_  
Of autopsy: none 30 f

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul L. Barone (M. D. or other) M.D.

Address State Hospital No 3 Date signed March

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

108

RECEIVED

District Health Officer No. 71

District File Number 4-42-423

Date Filed 4-14-42

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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 E. Schuyler

Licensed Embalmer No. 2656

P. O. Address DeWanda, Mo.

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.