Davis
V. S. No. 2
0M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12293

Registration District No. 840 Primary Registration District No. 6168 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Walker Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. East of Nevada, Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 yrs — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo — (b) County Vernon 108
(c) City or town S. East of Nevada, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orea C. Percival
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 Married
6. (b) Name of husband or wife Andrew G. Percival
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June 7, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	9	14	hr. min.

9. Birthplace Dallas Co. (City, town, or county) Mo — (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name John Dame
13. Birthplace Dallas Co. (City, town, or county) Mo — (State or foreign country)
MOTHER
14. Maiden name Mary Mosier
15. Birthplace Dallas Co. (City, town, or county) Mo — (State or foreign country)
16. (a) Informant Andrew G. Percival
(b) Address Nevada Mo. R. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge
18. (a) Signature of funeral director Mark Eichinger
(b) Address Nevada, Mo.
19. (a) 3-22-42 (Date received local registrar) (b) Smiley Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1942 hour 3 50 minute a M.
21. I hereby certify that I attended the deceased from Mar 20, 1942 to Mar 21, 1942 that I last saw h alive on Mar 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
Due to 330	
Due to	
Other conditions Intestinal Ileus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C B Davis (M. D. ~~or other~~)
Address Walker Mo Date signed 3/21-42

1232 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-419
Date Filed 4-14-42

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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, fact should be so stated above.