

38307

Registration District No. 13-1943

Primary Registration District No. 3048

Registrar's No. 182

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.

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marysville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution weeks
In this community 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Mi. SE of Surflet Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 43 hour _____ minute 9:20 A. M.
21. I hereby certify that I attended the deceased from Oct 28
1943, to 11-24, 1943
that I last saw her alive on 11-24, 1943
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME GENEVA DAVIS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased: November 6 1878
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Chr nephritis
Scabies miltensis

8. AGE: Years 65 Months 0 Days 18
If less than one day hr. _____ min.

Due to _____
Due to _____

9. Birthplace Atchison Co, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 61

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER { 12. Name James H. Walker
13. Birthplace Plattsburg Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Margaret C. Taylor
15. Birthplace Scott County Mo. O
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Mrs. G. Carter
(b) Address Surflet, Missouri

While at work? _____ (Specify type of place) (e) Means of injury _____

17. (a) Removal & Burial (Burial, cremation, or removal) Present Ridge near Surflet Mo.
(b) Date thereof: 11/26/43
(Month) (Day) (Year)
(c) Place: burial or cremation _____

23. Signature J. M. Boyles (M. D. or other)
Address Marysville Date signed 11-24-43

18. (a) Signature of funeral director Charles General Home
(b) Address Surflet, Missouri
19. (a) 11-26-43 (b) Genevieve Barber
(Date received local registrar) (Registrar's signature)

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 Marvin W. Schuler

Licensed Embalmer No. 4162

P. O. Address. Fairfax, Missouri

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.