

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. C. B. Davis
State File No. 12013
Registrar's No. 5

FILED APR 5 1946

Registration District No. 258

Primary Registration District No. 4524

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10924

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Walker, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
at home in Walker, 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 7 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Linnæe Gemima McGiffin
(b) If veteran, name war No
(c) Social Security No. None

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 March 1 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Wilson
13. Birthplace Granger County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bolger
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer E. Wilson
(b) Address Walker Mo.

17. (a) Removal (b) Date thereof Mar 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Concord, Ohio

18. (a) Signature of funeral director Raymond Service
(b) Address Nevada Mo.
19. (a) Mar 1 - 1946 (b) Mrs Sarah E. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon
(c) City or town Walker
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28 day March
year 1946 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan
7, 1946, to Feb 28, 1946
that I last saw her alive on Feb 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chromosomes
Endocarditis - with
loss of compensation
Due to Infection
Due to Senile Syphilis

Other conditions (include pregnancy within 3 months of death) _____
Major findings: O. B. Davis M.D.
Of operations _____
Of autopsy 9250

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature C. B. Davis (M. D. or other) _____
Address Walker Mo Date signed 2-22-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
City of Chicago, Ill. 3-46-273
Date Filed 4-4-46

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 *H. W. Marmaduke*.....

Licensed Embalmer No. *2070*.....

P. O. Address *Quincy, 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.