

No. 2  
2-45  
7-39  
X47070

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:  
Nevada City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)

In this community  years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon <sup>10?</sup>

(c) City or town Nevada Mo. <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 316 So. Washington <sup>2</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Lenore Myers

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_

7. Birth date of deceased: Dec. 3 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th  
year 1948 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-27-48, 19\_\_\_\_, to 1-30, 1948  
that I last saw her alive on 1-30-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 71 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Charleston Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business \_\_\_\_\_

12. Name John A. Myers

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

14. Maiden name Mary Ellen Driscoll

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

16. (a) Informant John A. Myers  
(b) Address Emporia, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Deerpoad Cemetery

18. (a) Signature of funeral director Ways Funeral Dir.  
(b) Address Nevada, Mo.

19. (a) 2-9-48 (Date received local registrar) (b) W. H. H. H. H. H. (Registrar's signature) 2311

Major findings: 83A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature P. B. Mackay Davis (M. D. or other) 1-31-48  
Address Nevada, Mo. Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7;

District File Number 1-48-13

Date Filed 2-16-48

**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

*Allen S. Taylor*

Licensed Embalmer No. 1968

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.**