FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25228

FILED AUG 9 1948

Registration District No. 3080 — Primary Registration District No. 3076 — Registrar's No. 128

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 38 days (Specify whether

In this community 38 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton 6

(c) City or town Iantha (If outside city or town limits, write "RURAL") 0

(d) Street No. — (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Velma Melvina McAdow

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 Clyde McAdow

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

7. Birth date of deceased June 7, 1902 (Month) (Day) (Year)

8. AGE: Years 46. Months 1 Days 21 If less than one day hr. min.

9. Birthplace Wheaton (City, town, or county) Minn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Franklin Davis
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Ward
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Clyde McAdow
(b) Address Iantha, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimor Iowa

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.

19. (a) 8-3-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 321

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 48 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from June 22, 1948 to July 28, 1948 that I last saw her alive on July 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lever	7
Due to Probably primary	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature E K King (M. D. or other) 0

Address Nevada, Mo. Date signed 7-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING CHARCOAL

RECEIVED
District Health Officer No. 7
District File Number 7-48-899
Date Filed 8-2-48

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 Mark 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.