

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39299
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton Registration District No. 175
(b) Township _____ Primary Registration District No. 4104
(c) City Salisbury (d) Street No. _____ Registered No. 46
(e) Length of residence in city or town where death occurred _____ (f) How long in U.S., if of foreign birth? _____
2. PRINT FULL NAME Margarette Lucinda Davis
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Benny J. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1857
7. AGE YEARS 82 MONTHS 6 DAYS 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dowag 9
13. NAME Archie Edmonson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Howe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Neal Davis
(ADDRESS) Salisbury Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury City DATE 12-2-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Winkelman
Salisbury Mo
20. FILED 11/23 1939 JW Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1939
I HEREBY CERTIFY, That I attended deceased from Nov 28, 1939, to Nov 30, 1939
I last saw him alive on 11-30, 1939 Death is said

to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset _____
Other contributory causes of importance: gph

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Geo B Winkelman M. D.
1103 (Address) Salisbury Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DO M-1-12-39 I X14028

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/13/21

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, _____

Frank D. Stikelmeier

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Frank D. Stikelmeier*

Licensed Embalmer No. *3981*

P. O. Address *Spishury, 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, above space should be left blank.

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