

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26547

State File No. _____

Registration District No. 884

Primary Registration District No. 6171

Registrar's No. 23

1. PLACE OF DEATH:
 (a) County Warren
 (b) City or town Rural (Elkhorn)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether _____)
 In this community _____
 years, months or days 130

3. (a) PRINT FULL NAME MARGARET C. DAVID
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Robert David
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 20 1870
 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 8
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____
 12. Name William. Evans
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Leura Ann Brown
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm J. Evans
 (b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof July 30, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Nieburg & Son
 (b) Address Warrenton, Mo.

19. (a) Aug. 5, 1940 (b) A. W. Chebing
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County WARREN
 (c) City or town WARRENTON, MO. (RURAL)
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 28
 year 1940 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 1st
 1940 to July 28, 1940
 that I last saw her alive on July 27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Thromboses)
Cloxa (Thromboses)
 Due to _____
 Due to _____

Other conditions Paralysis and Emility
 (Include pregnancy within 3 months of death)
 Major findings:
 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?
802 (Specify type of place) (e) Means of injury _____

23. Signature John H. Dyer (M. D. or other) _____
 Address Warrenton Mo Date signed 7/28/40

Duration _____
 Years _____
 Months _____
 Days _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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, of ~~NY~~.....

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

Signed.....

John F. Gilberg

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, Me*

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.