

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26438

AUG 7 1941
Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington IND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 39 Nevada, mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos 28 dys.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas 108
(c) City or town Ava 0
(If outside city or town limits, write "RURAL")
(d) Street No. Not Known 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1941 4 hour 15 minute A. M.

21. I hereby certify that I attended the deceased from 3/25/1941 to July 23rd 1941
that I last saw her alive on July 23rd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Rheumatism
(Arthritis Deformans)
Due to _____
Due to _____
Other conditions Multiple Bed Sores
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME EMMA FALK

3. (b) If veteran, name war _____ 8. (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 Not Known 6. (c) Age of husband or wife if alive Not Known years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years 59 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER { 12. Name James A. Davis
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Susan J. Colby
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, mo

17. (a) Burial (b) Date thereof July 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Street

18. (a) Signature of funeral director Barber Funeral Home

(b) Address Not Known, mo.

19. (a) 7-23-41 (b) Allen V. Hoage
(Date received local registrar) (Registrar's signature)

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 G. S. Warwick (M. D. or other) 0
Address State H. No 3 Nevada, mo Date signed 7/23/41

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

8
0
0

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1231

Date Filed 8-5-41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.