S. No. 2
-11-10-39
5-17-39
P I X21492

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

FILED SEP 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29634

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 254

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: 1033 E. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1033 E. Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MAGGIE ELLEN TREMAIN
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Fm
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Calvin N. Tremain
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. 26 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Sidney (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name J. F. Duncan
13. Birthplace ? (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Sarah A.
15. Birthplace ? (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Calvin N. Tremain
(b) Address 1033 E. Walnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Virgil City, Mo.
18. (a) Signature of funeral director Fehrs Funeral Home
(b) Address Nevada, Mo.
19. (a) 8-26-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1941 hour 9:00 minute P M.
21. I hereby certify that I attended the deceased from Aug 10, 1941, to Aug 12, 1941; that I last saw her alive on 8-11-1941, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Erysipelas face	4 da
Due to: Infection from Nail cut on forehead	5 da
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 16 Yes
Of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8-7-41
(c) Where did injury occur? Home Nevada Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Bumped
23. Signature [illegible] (M. D. or other)
Address Nevada Mo. Date signed 8-20-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1081
Date Filed 9-4-41

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 Lloyd R. Winn

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

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.