. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41686

Registration District No. 218 — Primary Registration District No. 3015 — Registrar's No. 154

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr Alex Van Ravenswaay Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community ~~40 yrs~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD #1 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mrs. Emma Davis
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bruce Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 19 (Month) (Day) 1862 (Year)

8. AGE: Years 79 | Months | Days 29 | If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Jonathan Tavener
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) " (State or foreign country)
16. (a) Informant Louis Davis
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove Cem.
18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.
19. (a) 12-19-41 (Date received local registrar) (b) DG Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1941 hour 7 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec 1, 1941, to Dec 18, 1941; that I last saw her alive on Dec 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	1 day
Due to: Hypertension Arteriosclerosis	2 yrs
Due to: Diabetes & Senility	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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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)
(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? (e) Means of injury
23. Signature M L Deckraeger (M. D. or other) M.D.
Address Boonville Mo Date signed 12/19/41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 1-9-42

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville 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.