

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39794

State File No.

46
0
96
0

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4465 Registrar's No. 4483

1. PLACE OF DEATH a. COUNTY <u>Rock Hill Rest Home</u> <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Hill, Missouri</u>		c. LENGTH OF STAY (In this place) <u>1 yr. 7 mo. 15 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Hill Rest Home IV</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED a. (First) <u>EMMA</u> (Type or Print)		b. (Middle) <u>Davidson</u> (Last) <u>Nuckols</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1949</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 26 1866</u>		9. AGE (Years) (Months) (Days) (Hours) (Min.) <u>82</u>	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DR. Edward A. M. D. Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CATHERINE POWELL</u>	
14. NAME OF HUSBAND OR WIFE <u>John Milton Nuckols</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. R.G. Riefling 11 Wakefield, Ladue, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c)) <u>Chronic myocarditis</u> <u>secondary</u> <u>due to morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>422.2</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>April 5</u> , 19 <u>48</u> , to <u>Nov 20</u> , 19 <u>49</u> , that I last saw the deceased die on <u>11-18</u> , 19 <u>49</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) <u>A. Y. Merlin M.D.</u>		23b. ADDRESS <u>2507 Potomac</u>	
23c. DATE SIGNED <u>11-21-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>11-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JEFFERSON CITY, MO</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C.R. Lupton & Sons, 7233 DELMAR</u>	
DATE REC'D BY LOCAL REG. <u>11-23-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Doube, M.D.</u>	

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

DEC 29 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Clarence A. Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, 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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 39 794/49

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 20th day of November, 1953, before me appears

Jane Henry Riefeling, who, upon her oath, states that the original record of birth-
Executrix of Estate of Emma Davison Nuckols death
for Emma Davison Nuckols died November 20, 1949, in the State of
born Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 3 should read Emma Davison Nuckols

Instead of Emma Davidson Nuckols

Item No. 12 should read Dr. Edward A. McD. Davison

Instead of Dr. Edward A. McD. Davidson

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

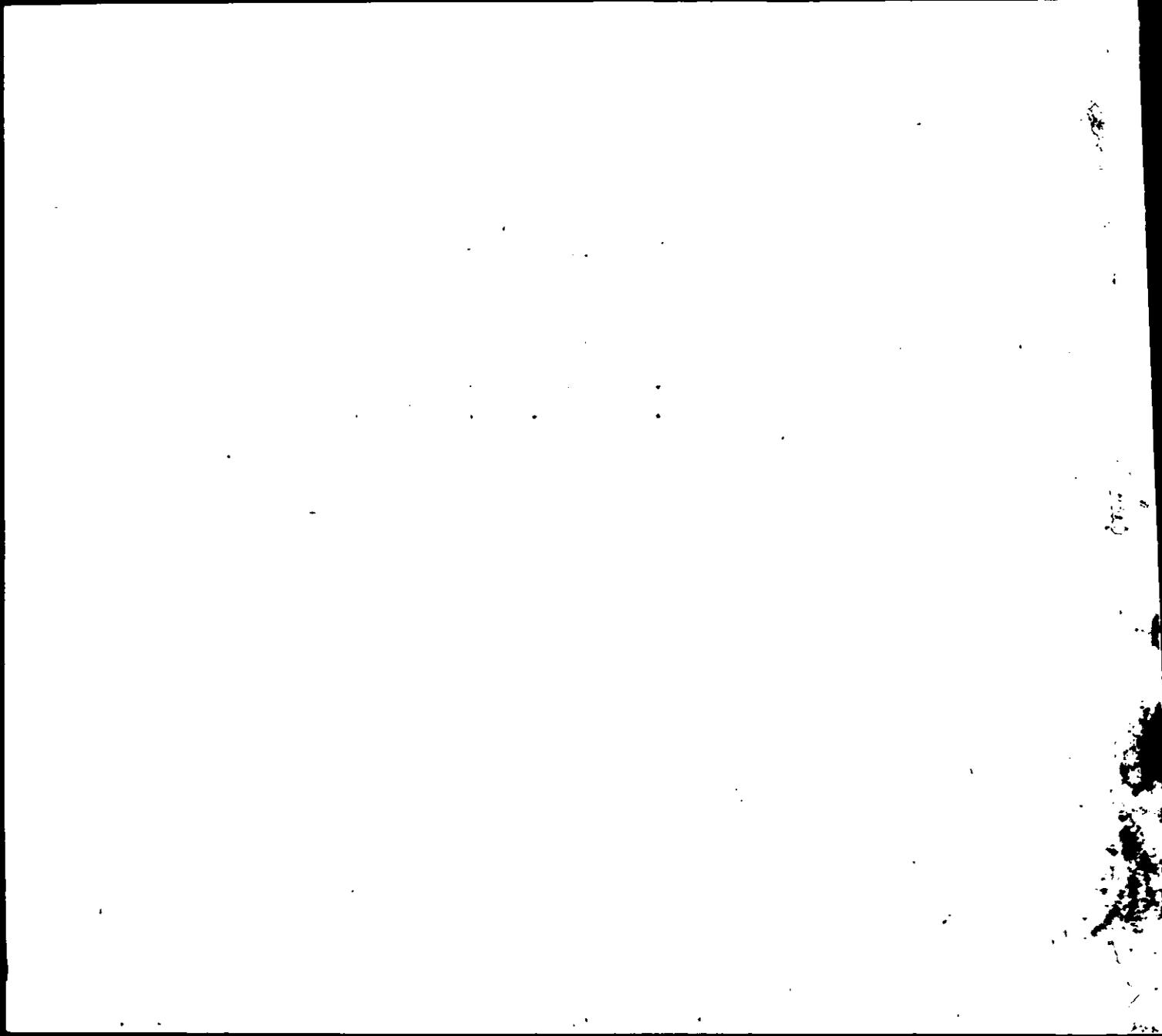
Affiant Jane Henry Riefeling
Niece of Deceased Relationship
4440 Present Address

Subscribed and sworn to before me this 20th day of November, 1953

My Commission expires June 9, 1956 Mary E. Reilly Notary Public

Commissioned for City of St. Louis, Mo., which adjoins County of St. Louis, Mo.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.



THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

39794

State of Missouri
County of St. Louis } ss.

State File No. _____
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of December, 1949, before me appears Jane Riefeling

who, upon her oath, states that the original record of ^{birth} death
for Emma Davison Nuckols ^{died} ~~born~~ November 20th, 1949, in the State of
Missouri, and which was filed at St. Louis County on 22nd, 1949, should be corrected as follows:

Item No. 8 should read November 26, 1868

Instead of November 26, 1866.

Item No. 9 should read 80

Instead of 82

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Jane Riefeling Niece
Relationship.

#11 Wakefield,
Clayton 5 Missouri,

Subscribed and sworn to before me this 21st day of December, 1949.

My Commission expires 4-4-52. J. J. Lupton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100