

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(c) Name of hospital or institution:  
17 N. Bell Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community All her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Saline 99  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town Marshall 1  
(If outside city or town limit, write "RURAL") 2  
(d) Street No. 17 N. Bell Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fannie Ann Davis

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bernis B. Davis 6. (c) Age of husband or wife if alive 1855 years  
7. Birth date of deceased Jan. 5, (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Arrow Rock, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Rennington

13. Birthplace Arrow Rock, Mo. (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hyrtle Lowery

(b) Address 17 N. Bell, Marshall

17. (a) Burial (b) Date thereof 3/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director J. Leslie Surrency (Specify type of place) \_\_\_\_\_ (e) Means of injury fall

(b) Address Marshall Mo.

19. (a) 3-25-41 (b) Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 24 - 1941  
year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 3 - Mar 24 1941, to Mar 24 1941; that I last saw her alive on Mar 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 48 hrs

Due to Interoctoberic Hæmorrhage  
Due to R. Failure 8 hrs

Other conditions Chlor Myo Carditis Yes  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none  
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 Feb 3-1941 097  
(c) Where did injury occur? Home (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

23. Signature Robt. Kerney (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 3-25-41

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

7  
1  
2

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-11-41

**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 *J Leslie Sussman*

Licensed Embalmer No. *3235*

P. O. Address *Marshall, Va*

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.