REC'D JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43946
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway 2 Registration District No. 624
(b) Township Primary Registration District No. 4375 Registered No. 18
(c) City Hopkins 1 (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yr. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Armenta Davis.
(a) Residence, No. Hopkins Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Nelson Davis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1855

7. AGE YEARS 83 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piqua Ohio. 1

FATHER
13. NAME Joshua Burton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9

MOTHER
15. MAIDEN NAME ~~Not known~~ Mary Diberson 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9

17. INFORMANT (ADDRESS) J. May Davis. Hopkins Mo.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Hopkins Mo. DATE 12/30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 12/29 1938 O. H. Hayden Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/24 1938 to 12/27 1938
I last saw h. alive on 12/27 1938 Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/24/38

Other contributory causes of importance: 10 9

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. W. Cook M. D.
(Address) Hopkins

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address.....

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.