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.

REC'D MAR 15 1939

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

6173
Do not use this space.

1. PLACE OF DEATH
(a) County Cass
(b) Township ~~Pleasant Hill~~
(c) City Pleasant Hill
Registration District No. 157
Primary Registration District No. 4091
Registered No. 8
(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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cornelia Myers Davis
(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18, 1847

7. AGE: Years 92 | Months none | Days none | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house keeper
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) 10 days ago
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Caldwell Co. Ohio ~~Crawford, County, Missouri~~

FATHER
13. NAME Josia Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Park
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Virginia

17. INFORMANT Mrs. Wilts Sloan
(ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Staley Mound DATE Feb. 19, 1939

19. FUNERAL DIRECTOR (NAME) A.W. Brownfield
(ADDRESS) Pleasant Hill, Mo. 149

20. FILED Feb. 19, 1939 Mae Etta Maldridge
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939 to Feb. 18, 1939
I last saw her alive on Feb. 17, 1939. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
97	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

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) G. Murray, M. D.
(Address) Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

On Feb. 18-1939 ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3785

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.