

FILED FEB 5 1940

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

2247

Do not use this space.

1. PLACE OF DEATH

- (a) County DOUGLAS Registration District No. 272
 (b) Township Finley Primary Registration District No. 5380 Registered No. 1
 or City 0 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY B. DAVIS

- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John I. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 26-1855</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>8</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>		
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) <u>Dec 22, 1939</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>WRIGHT CO. MISSOURI</u>		
13. NAME <u>Abraham P. Pool</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>INDIANA</u>		
15. MAIDEN NAME <u>MARY CRIDER</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ALABAMA</u>		
17. INFORMANT (ADDRESS) <u>Abraham Pool Mansfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oetting (Mo.)</u> DATE <u>Dec 27 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>FA. STEFFE Mansfield Mo</u>		
20. FILED <u>1-9</u> 19 <u>40</u> <u>Henry Burke</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1939 to Dec 24 1939
 I last saw her alive on Dec 24 1939. Death is said to have occurred on the date stated above, at 10P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy

Other contributory causes of importance: _____

Name of operation Phys Date of _____
 What test confirmed diagnosis? St 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) R M Morrison M. D.
Asa New (Address) _____

Date of onset Dec 24/39

(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.

RECEIVED

District Health Officer No. 6,

District File Number 240-289

Date Filed FEB 2 1940

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

F.A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manifold 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, above space should be left blank.