DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7767

Registration District No. 684 Primary Registration District No. 4408 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Bowling Green (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Elizabeth Davis 120

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 13 (Day) 1862 (Year)

8. AGE: Years 77 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Ashley (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife 1

11. Industry or business 1

FATHER
12. Name John McCormick
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary E O'Conner
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Robt Davis

(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo

19. (a) 2-29-7 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1940 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 6, 1936, to Feb. 12th, 1940; that I last saw her alive on Feb. 11th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic interstitial nephritis	
Due to —	
Due to —	
Other conditions Arterial hypertension (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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J B Biggs M.D. (M. D. or other)

Address Bowling Green, Mo. Date signed 2/13/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19811

OCT 6 1942

RECEIVED
District Health Officer No. 10
District File Number 3-40-488
Date Filed MAR 5 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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.