

MAILED APR 12 1940

Registration District No. 87

Primary Registration District No. 5134C

Registrar's No. 81

1. PLACE OF DEATH: Butler

(a) County Butler

(b) City or town Fisk, Mo.

(c) Name of hospital or institution: Rural

(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME 120 Rosa Davis

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. M. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 8, 1867

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 3 22 hr. min.

9. Birthplace Butler Co. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Garrett Baggett

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Marie Latt

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

16. (a) Informant's own signature T. M. Davis

(b) Address Fisk, Mo.

17. (a) Burial (b) Date thereof March 31, 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill Cem.

18. (a) Signature of funeral director Greer-Croy Service

(b) Address Poplar Bluff Mo.

19. (a) 4/2/40 (b) [Signature]

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Fisk, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Mar 29, 1940 to Mar 30, 1940

that I last saw him alive on Mar 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Rabies Pneumonia Duration 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions advanced age (Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Poplar Bluff Mo. signed 4/2/40

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.

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**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.....

Licensed Embalmer No.....

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.**