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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21179

FILED JUL 17 19

Registration District No. 69 Primary Registration District No. 5108 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Bollinger Co. Wayne

(b) City or town Greenbrier Mo
(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) 20

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 120

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger

(c) City or town Greenbrier
(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.

3. (a) PRINT FULL NAME Francis Sophia Davis

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 Mone

6. (b) Name of husband or wife Eli Davis

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec (Month) 15 (Day) 1861 (Year)

8. AGE: Years 78 Months 5 Days 4 If less than one day hr. min.

9. Birthplace DeSoto (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Housewife 9

11. Industry or business 1

FATHER
12. Name Jesse Stacy 1
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Reeves
15. Birthplace Marion Ky (City, town, or county) (State or foreign country)

16. (a) Informant Eli Davis
(b) Address Greenbrier Mo

17. (a) Cato Cem (Burial, cremation, or removal) (b) Date thereof May 21 19 (Month) (Day) (Year)
(c) Place: burial or cremation Greenbrier Cato Mo

18. (a) Signature of funeral director Wathins
(b) Address Dexter Mo. 70

19. (a) 6/26 (Date received local registrar) (b) Mrs John Benny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 19 day May
year 1940 hour 11 pm minute M.

21. I hereby certify that I attended the deceased from 1938, 19, to May 19, 1940
that I last saw her alive on May 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension and Chronic Endocarditis

Due to

Other conditions 92 N
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature E. C. Masters (M. D. or other) D.O.
Address Advance, Mo Date signed May 30/40

(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, or by Virgil H. Welch, Registered Apprentice No. ..... working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter, M

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

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