

Registration District No. **588**

Primary Registration District No. **3026**

Registrar's No. **84**

MAILED JUL 15 1940

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 453 Elm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 453 Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Elfreda Davis 120

8. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M. Davis

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January 25, 1940/1963
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 3
If less than one day ✓ hr. _____ min.

9. Birthplace Utica Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Eligah Wells
13. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eligah May
15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wans
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Mo.

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe, Mo.

19. (a) 7-1-40 (b) H. M. Trace, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 25, 1940 to June 28, 1940.
that I last saw her alive on June 28, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation
Due to Don't know
Due to 920

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
042

23. Signature H. M. Trace (M. D. or other) 1
Address Chillicothe, Mo. Date signed 7/1/40
(Specify type of place) (e) Means of injury _____

Duration

years

PHYSICIAN

Underline the cause to which death should be charged statistically

WHILE FILING - 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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RECEIVED

District Health Officer No. 11;

District File Number 740-1174

Date Filed JUL 9 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

Donald F. Gordon, Registered Apprentice No. 223

working under my personal supervision.

Signed

James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Lehillecoche, N.

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.