. No. 2
-11-10-39
5-17-39
X21492

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. 22365

Registration District No. FG05

Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid Canada

(b) City or town Near Malden
(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
In this community Home
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Near Malden Rural
(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 Lois Marie Davis 1M

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 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan - 8 - 1939 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	5	18	hr. min.

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

10. Usual occupation Baby 0

11. Industry or business 0

FATHER
12. Name Thedore Davis
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Medlin
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant ~~Husband~~ C. L. Medlin
(b) Address Malden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Mo.

18. (a) Signature of funeral director Landess Funeral Home
(b) Address Camp Bell Mo.

19. (a) 6-26-40 (Date received local registrar) (b) Dr. Geo. Huston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour minute 10 55 a.M.

21. I hereby certify that I attended the deceased from June 25, 1940, to June 26, 1940
that I last saw her alive on June 25, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dysentery 13C or Ileo colitis	10 days
Due to B. Dysenterae	
Due to 13C	
Other conditions Pertussis 44C (Include pregnancy within 3 months of death)	4 wks

Major findings:
Of operations
Of autopsy

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?
5 3 4 (Specify type of place)
While at work? (e) Means of injury

23. Signature H. D. Davis (~~Mr. D.~~ or other) 3 Do
Address Malden Mo Date signed 6/26/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 740-122
Date Filed 7/10/40

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 the above constitutes grounds for revocation of license.)

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