

Registration District No. 572 Primary Registration District No. 4335 State File No. _____ Registrar's No. 46

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sethum Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mo - 20 days
(Specify whether)
 In this community ✓
years, months or days

8. (a) PRINT FULL NAME Elizabeth Edwards 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 widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 25 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 3 If less than one day ✓
hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER
 12. Name David Edwards
 13. Birthplace Wales
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Temple York
 15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G. W. Thomas
 (b) Address Boonville Mo

17. (a) Cremation (b) Date thereof 7-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Wardman Diller
 (b) Address Boonville Mo

19. (a) 7-24-40 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cooper
 (c) City or town Boonville Mo
(If outside city or town limits, write "RURAL")
 Street No. 809 Shamrock
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
 year 1940 hour 110 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 2, 1940, to July 22, 1940, that I last saw her alive on July 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
cause and type unknown Duration 1 yr

Due to Uraemic poisoning from Nephritis

Due to Probably malignant disease of colon & rectum. History of carcinoma of breast, operation, abt 17 yrs ago.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations none Of autopsy none 50

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? 504
While at work? (Specify type of place) (e) Means of injury _____

23. Signature L. L. Latham (M. D. or other) !
 Address California, Mo. Date signed 7-23-40

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

AUG 3 1945

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. 1178

P. O. Address Basinville 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.