

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1208 Cairo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rosette Davis 170
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph Davis
6. (c) Age of husband or wife if alive deceased years
Birth date of deceased Oct 27 - 1879
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Mont Leo Wis
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business _____

MOTHER FATHER
12. Name Nathan White
13. Birthplace Unknown Wis
(City, town, or county) (State or foreign country)
14. Maiden name Jewell
15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ruech Roman
(b) Address Springfield Mo

17. (a) Removal (b) Date thereof Aug 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowers Chapel

18. (a) Signature of funeral director E. B. Jones
(b) Address 13 W. 1st St Mo

19. (a) Aug 21 1940 (b) W. E. Hurdley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1208 Cairo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 25
1940, to Aug 21 1940
that I last saw her alive on Aug 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage; apoplexy
Duration 5 weeks

Due to _____
Due to g. h.

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

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?
g. h.

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

23. Signature O. C. Horst (M. D. or other) Dr 10
Address 430 1/2 Dr. & Springfield Mo Date signed Aug 22 1940

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

06/1/2008

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.....

Paul J. Rooney

Licensed Embalmer No. *2451*

P. O. Address *Stuyvesant*

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, fact should be so stated above.

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