

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.

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29373

Registration District No. 689

Primary Registration District No. 5917

Registrar's No. _____

1. PLACE OF DEATH: Pike

(a) County Pike

(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural - Buffalo Twp 2
(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 Maggie Mae Davis 170

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 Married

(b) Name of husband or wife Robert Wesley Davis

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb 5 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Lincoln Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph William Carr

13. Birthplace Pike Co Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Maria Johnson

15. Birthplace Pittsburgh Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. W. Davis

(b) Address Louisiana, Mo

17. (a) burial (b) Date thereof 8-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Graves & Sons

(b) Address Bowling Green Mo

19. (a) 8/6/40 (b) J. O. Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Dougherty Pike
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 3
year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 27/40
_____, 19____, to aug 5, 1940
that I last saw her alive on aug 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____

Due to hypertension

Due to arterio sclerosis

Other conditions 524
(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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature J. L. Biggs (M. D. or other) MD

Address Louisiana Date signed aug 6/40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1690

Date Filed SEP 5 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.