

NOV 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. 34688

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
414 N. Missouri Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 2 years
 years, months or days)

8. (a) PRINT FULL NAME Martha F. Davis8. (b) If veteran, name war None 8. (c) Social Security No. None4. 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 January 19 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 9 45 hr. _____ min.9. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name Joseph Davis13. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Martha A. Pulis15. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Margaret E. Whitehill(b) Address Mexico, Mo.17. (a) Burial (b) Date thereof Oct. 26, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eldwood, Mexico, Mo.18. (a) Signature of funeral director Tal E. Pugh(b) Address Mexico, Mo.19. (a) Oct 26-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. 414 N. Missouri Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 8 minute _____ A. M.21. I hereby certify that I attended the deceased from Oct 20
1940, to Oct 24, 1940;
that I last saw her alive on Oct 20, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Cerebral Hemorrhage Oct 20 40Cardiac Failure Oct 20 40Due to Cerebral arteriosclerosisDue to Thor Rad 2, pneumonia 2 year
Attack of cerebral hemorrhageOther conditions None
(Include pregnancy within 3 months of death)Major findings: Of operations None § 2 WOf autopsy None § 2 W

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23 NoneWhile at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Harry F. Orman (M. D. number) _____Address Mexico Mo Date signed Oct 26 40

RECEIVED

District Health Officer No. 10

Sanitary File Number 11-40-2086

Date Filed NOV 8 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.....

Earl E. Freeht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Freeht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.