

FILED JAN 25 1941

State File No. 241

Registration District No. 318 241

Primary Registration District No. 4147

Registrar's No. 5334

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Springfield Buffalo Mo
 (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
 In this community Several Years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Mrs. Lula Ann Davis
 3. (b) If veteran, name war ####
 3. (c) Social Security No. ####

4. Sex Male race White 5. Color or divorced Married
 6. (b) Name of husband or wife John H. Davis 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Aug. 1 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>19</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Norris Creek
 13. Birthplace Tenn Ky.
 (City, town, or county) (State or foreign country)

14. Maiden name Melba America Creek
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevieve Engle
 (b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof Dec. 22, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fraker Cemetery

18. (a) Signature of funeral director Munn Funeral Home
 (b) Address Springfield, Mo.

19. (a) Harvey Monou (b) Harvey Monou
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dallas
 (c) City or town Buffalo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
 year 1940 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from December 19
1940, to Dec 20, 1940
 that I last saw her alive on Dec 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 24 hrs

Due to Complicating Infection

Due to _____
 Other conditions Influenza
 (Include pregnancy within 3 months of death)
Arthritis Hepatitis

Major findings:
 Of operations None

Of autopsy None

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

23. Signature [Signature] (M. D. or other) 1
 Address Buffalo Mo Date signed 12-20-40

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 1-41-129

Date Filed 1-14-41

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

Hayd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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.