

No. 2  
4-13-40  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43193

JAN 20 1941  
Registration District No. 556

Primary Registration District No. 4328

State File No.

Registrar's No. 53

1. PLACE OF DEATH:

(a) County. Mercer County  
(b) City or town. Princeton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. No  
In this community. 3 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Mercer  
(c) City or town. Princeton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME. Ethel Grace Davis

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife David Davis 6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased. May 15, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 7 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation. housewife

11. Industry or business \_\_\_\_\_

12. Name. S. J. Sawyer

13. Birthplace. Grundy County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name. Bunnell

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

16. (a) Informant. David Davis

(b) Address. Princeton, Mo.

17. (a) Burial (b) Date thereof. Dec. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Odd Fellow, Trenton, Mo

18. (a) Signature of funeral director. Neil Mear

(b) Address. Princeton, Mo

19. (a) 12-18-40 H. J. M. Perry (b) (Registrar's signature)  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17<sup>th</sup> year 1940 hour 4 minute -P M.

21. I hereby certify that I attended the deceased from Dec 14, 1940, to Dec 17, 1940 that I last saw her alive on Dec 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute degeneration heart 2 yrs

Due to Bronchopneumonia 3 days

Due to \_\_\_\_\_

Other conditions. ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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 E. J. Lawa (M. D. ✓)

Address Princeton, Mo Date signed 12/16/40

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

MOTHER, FATHER

**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. *me*  
working under my personal supervision.

Signed.....

*Paul Mann*

Licensed Embalmer No. *2634*

P. O. Address *Cum gratia MD*

**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.**