

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 381

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town H.E.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2934 Tracy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 yrs  
(Specify whether  
In this community Yes  
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH DAVIS

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

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John H. Davis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 88 Months 1 Days x If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Wm. Coit

13. Birthplace Knoxville Tenn (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Robinson

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

16. (a) Informant Anna Davis

(b) Address 2934 Tracy

17. (a) Burial (b) Date thereof 1-26-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk. Cem

18. (a) Signature of funeral director H. P. ...

(b) Address H.E. Mo.

19. (a) Jan 27 1941 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town H.E.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2934 Tracy  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 1-21-41 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I examined the deceased from 3:45 P.M. to \_\_\_\_\_ 19 \_\_\_\_\_

that I \_\_\_\_\_ live on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute pulmonary edema

Due to Hypertrophy of the heart

From Chronic myocardial infarction

Other condition Coronary occlusion

Major findings: Of operations ASC

Of autopsy Yes

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 Victor H. Miller (M. D. or other) \_\_\_\_\_

Address H.E. Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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~~ by.....

Francis Walter....., Registered Apprentice No. 2244  
working under my personal supervision.

Signed.....

J. K. Peggiman

Licensed Embalmer No. 2244

P. O. Address K. L. 2ND

**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.**