

No. 11-10-39
5-17-39
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FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3215

State File No. _____

Registration District No. 472

Primary Registration District No. 5636

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Stotts City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wm. W. ...
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maria Davis

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive, _____ years

7. Birth date of deceased Feb 21 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 00 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Dressmaker

11. Industry or business _____

MOTHER { 12. Name John Davis
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Blanche May
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. W. Daniels
(b) Address Stotts City

17. (a) Burial (b) Date thereof Jan 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harlow Cemetery

18. (a) Signature of funeral director H. D. Fassett
(b) Address Mc Vernon, Mo

19. (a) Jan 19 41 (b) Thos H Powell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Rural
(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 Jan day 18
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17 1941 to Jan 19 1941
that I last saw her alive on Jan 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure & Cardiac Failure
Due to Cerebral Accident

Due to Hypertension & Arteriosclerosis
Other conditions Ch. Myocarditis
(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? _____

423
While at work? _____ (Specify type of place)
(b) Months of injury _____

23. Signature Samuel Jones (M. D. or other) _____
Address 514 Varney Dr Date signed 1/19/41

RECEIVED

District Health Officer No. 6,

District File Number 241-280

Date Filed FEB 12 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.