

No. 2
4-13-40
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X23159

NOV FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3313
227

State File No. _____

Registration District No. ~~2083~~ 214

Primary Registration District No. 5683

Registrar's No. 14

1. PLACE OF DEATH: *Livingston*

(a) County: *Livingston*

(b) City or town: *Sudlow*
(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 _____
(Specify whether _____)

In this community: *Six years*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Livingston*

(c) City or town: *Sudlow*
(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.

59
0
0

3. (a) PRINT FULL NAME: *Marjorie Jane Davis*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan.* day *15th*
year *1941* hour *3* minute *x* P. M.

4. Sex: *Female*

5. Color or race: *white*

6. (a) *Single* widowed, married, divorced, *widow*

6. (b) Name of husband or wife: *Perry T. Davis*

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: *April 1 1869*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept 17* 1940 to *Dec 15* 1941
that I last saw her alive on *Sept 15* 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: *Adm. cancer by removal of uterus.*

Due to *and my condition.*

Duration

2 yrs

8. AGE: Years *71* Months *8* Days *14*
If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation: *Housewife*

11. Industry or business: *Housewife*

12. Name: *J. F. Blackwell*

13. Birthplace: *unknown*
(City, town, or county) (State or foreign country)

14. Maiden name: *Mary Titus*

15. Birthplace: *unknown*
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations: *None*

Of autopsy: *None*

Underline the cause to which death should be charged statistically.

16. (a) Informant: *Mrs. A. C. Hatchett*

(b) Address: *Sudlow, Mo*

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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

(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? _____

(c) Place: burial or cremation: *Monroe Center*

18. (a) Signature of funeral director: *Bernard T. Mead*

(b) Address: *Braymer, Mo*

9-30 (Specify type of place)

While at work? _____ (a) Means of injury _____

19. (a) *Jan. 17, 1941* (b) *Clair G. Carving*
(Date received local registrar) (Registrar's signature)

23. Signature: *Clair G. Carving* (M. D. or other) *D*

Address: *Sudlow Mo* Date signed: *1-17-41*

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.....
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, fact should be so stated above.