

Registration District No. 839

Primary Registration District No. 6101

Registrar's No. 2

1. PLACE OF DEATH: Stoddard *Rec'd. 1/11/41*

(a) County Stoddard

(b) City or town Essex, Mo. Route # 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 03

(c) City or town Essex, Mo. / 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary R. Della 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 Child

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

7. Birth date of deceased: Jan. 13, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hr. _____ min.

9. Birthplace: Essex, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Tom E. Davis

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

14. Maiden name Margaret Hilderbrand

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

16. (a) Informant Tom E. Davis

(b) Address Essex, Mo. Route # 2

17. (a) Burial (b) Date thereof Jan. 19, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 2-1-41 (b) J.P. Brandon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17, year 1941 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from JAN. 13, 1941, to JAN. 16, 1941; that I last saw her alive on JAN. 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 3 DAYS

Due to LONG TEDIOUS INSTRUMENTAL DELIVERY

Due to _____

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

Major findings: 1600R

Of operations _____

Of autopsy _____

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? _____

754 (Specify type of place) While at work? _____ Means of injury 2

23. Signature J.P. Brandon (M. D. or other) DO

Address BLOOMFIELD Date signed 1-22-41

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

RECEIVED

District Health Officer No. 2,

District File Number 341-268

Date Filed 2/17/41

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..... Not embalmed.

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.