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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27998 276

State File No.

Registration District No. 164

Primary Registration District No. 5-2-2-9 4096

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Jerico Springs, Mo.
(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 No (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Jerico Springs, mo.
(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.

3. (a) PRINT FULL NAME ALMEDA A. DAVIS ~~Anna Almeda 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 Married

6. (b) Name of husband or wife F. M. Davis

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan. 22, 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Nevada, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name C. E. Whitsitt

13. Birthplace Unknown Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Anna Elizabeth Clayton

15. Birthplace Vernon County Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Marguerite D. Brown

(b) Address Jerico Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation Jerico Springs, Mo

18. (a) Signature of funeral director H. C. Davis & Co

(b) Address Stockton, Mo.

19. (a) Aug-11-41 (Date received local registrar) (b) Mrs Mary Hutner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1941, to Aug 7, 1941, that I last saw him alive on Aug 5, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	10 days
Due to: Hypertensive cardio-vascular disease	7 years
Due to:	
Other conditions: – (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas G. Duckett (M. D. or other) MD

Address Theodosia, Mo. Date signed 8/9/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1565
Date Filed 9-3-41

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 Melvin Churchill

Licensed Embalmer No. 3272

P. O. Address Stockton Mo.

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.