

FILLED OCT 16 1941

Registration District No. 347

Primary Registration District No. 3018

1. PLACE OF DEATH:

- (a) County Henry
(b) City or town Clinton
(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
years, months or days)3. (a) PRINT
FULL NAMEInfant

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female
5. Color or race col

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Sept 5 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 0 min.

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

10. Usual occupation

11. Industry or business

12. Name Refus Davenport
13. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Flora Johnson
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Refus Davenport

- (b) Address

17. (a) Burial (b) Date thereof 9 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation own property

- (a) Signature of funeral director

- (b) Address

19. (a) (b) Dr. J. P. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. R. 5 Clinton Township
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th
year 1941 hour 12 M. minute 0 M.

21. I hereby certify that I attended the deceased from Sept 5
1941 to Sept 5 1941;
that I last saw her alive on 9 P.M. Sept 5 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death Premature
death by 6 weeks

- Due to Cause of premature birth
undiscovered

- Due to

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

- Major findings:
Of operations

- Of autopsy

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 Gus S. Wright D. O. other 154
Address Clinton Mo. Date signed Sept 6 1941

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1781

Date Filed 10-14-41

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.....

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.