No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38869

Registration District No. 566569 Primary Registration District No. 5762 5765 Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town WYATT Ohio Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DELMO LABOR Project
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ALL OF LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town WYATT, MO 0
(If outside city or town limits, write "RURAL")

(d) Street No. DELMO LABOR PROJECT 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ——

3. (a) PRINT FULL NAME ANNA DAVIS

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

4. Sex FEMALE ~~Col.~~ 3

5. Color or race COL.

6. (a) Single, widowed, married, divorced 0 INFANT

6. (b) Name of husband or wife ——

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

7. Birth date of deceased MAY (Month) 23 (Day) 1941 (Year)

8. AGE: Years 0 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace WYATT (City, town, or county) 0 MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business INFANT

FATHER
12. Name JAMES DAVIS
13. Birthplace ATLANTA (City, town, or county) / GEORGIA (State or foreign country)

MOTHER
14. Maiden name BERTIE A. MATHIS
15. Birthplace BLYTHVILLE (City, town, or county) / ARKANSAS (State or foreign country)

16. (a) Informant JAMES DAVIS
(b) Address WYATT, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director Lair-Number
(b) Address Charleston, Mo.

19. (a) 11-3-41 (Date received local registrar) (b) J D Vernon (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 28 year 1941 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from on Oct 23 1941 to ..... 19....; that I last saw her alive on Oct 23 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	D.K.
Due to	
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature E. Chas Holeving (M. D. or other)
Address Charleston Mo Date signed 10/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1241-162
Date Filed 12/5/41

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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