

FILED FEB 19 1942

Registration District No. 277

Primary Registration District No. 53344

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

000

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural n. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DALLAS
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. BUFFALO MO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Jane Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased SEPT 23 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Whitesburg KY 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name E. A. Adams
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Davis

(b) Address BUFFALO MO

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L. B. Jones

(b) Address BUFFALO MO

19. (a) 1/22/42 (b) Helen Dawn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 1942 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from 10-9-1941 to 1-14-1942
that I last saw him alive on 1-14-1942
and that death occurred on the date and hour stated above.

Immediate cause of death C.A. Right Breast Duration (7)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature R. E. Hanell (M. D. or other) MD
Address Buffalo Date signed 1-22-42

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 *Clyde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo N.Y.*

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.