

FILED FEB 11 1942

Registration District No. 385

Primary Registration District No. 5836

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural Willow Spgs. Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 52 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Willow Springs Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ANNA JEWELL DAVIS

20. DATE OF DEATH: Month Dec. day 27,
year 1941 hour 9 minute P.M.

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

21. I hereby certify that I attended the deceased from Dec 24 1941, to Dec 27 1941.
that I last saw h. alive on 12-27-41 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased Aug. 24, 1889
(Month) (Day) (Year)

Immediate cause of death Cancer of Breast
Duration 3 Months

8. AGE: Years Months Days If less than one day
52 4 3 hr. min.

Due to
Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations 50
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name Merida A. Haworth

13. Birthplace Troy 1 Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Joana Wax

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

16. (a) Informant Merida A. Haworth

(b) Address Willow Springs, Missouri

17. (a) Burial (b) Date thereof Dec. 29, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Burns & Sons

(b) Address Willow Springs, Missouri

19. (a) 12-29-41 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

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 M. D. or other U
Address Willow Springs, Mo. Date signed 12/29/41

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

46
0
0

46
0
0

RECEIVED

District Health Officer No. 5,

District File Number 1425

Date Filed _____

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

Thomas R. Burns, Jr.

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.