

FILED FEB 11 1942  
Registration District No. 344Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH Home

(a) County West Plains, mo

(b) City or town West Plains, mo  
(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. 50 yrs (Specify whether years, months or days)

In this community 50 yrs

3. (a) PRINT FULL NAME Made Lucy Davis

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife DJ Davis 6. (c) Age of husband or wife if alive 1880 years

7. Birth date of deceased 4-4-1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Melbourne, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Marcus Uligate

13. Birthplace Lincolnton, N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ashworth

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

16. (a) Informant A. H. Thornburgh

(b) Address West Plains, mo

17. (a) B (b) Date thereof 10/19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Creek

18. (a) Signature of funeral director West Plains, mo

(b) Address West Plains, mo

19. (a) 11-6-41 (b) Vida W. SIMONS  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Drewell

(c) City or town West Plains, mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Lydia Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16  
year 1941 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8th day September, 1941, to 16th Oct., 1941; that I last saw her alive on Oct. 15th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar, Acute, rt. Duration 4 days

Due to Myocarditis, and Chr. Chorea

Due to \_\_\_\_\_

Other conditions Fracture left clavicle  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 04/6

(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 A. H. Thornburgh (M. D. or 0)

Address A. H. Thornburgh, M.D. Date signed 10/23/41

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

344

(Licensed Embalmer's Statement on Reverse Side)

Thornburgh

RECEIVED

District Health Officer No. 5,

District File Number 14243

Date Filed \_\_\_\_\_

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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 D. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2-414  
Registrar's No. ....

Registration District No. 384

Primary Registration District No. 4227

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

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Maudie N Lewis

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 W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased apr 4 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days \_\_\_\_\_ (If less than one day \_\_\_\_\_ min)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 16 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 28th 1941 to Oct 16th 1941; that I first saw her alive on Oct 13th 41 and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic pneumonia, Upper lobe fracture left clavicle Duration 5 days

Due to Fall off front porch - Accident

Due to Chronic Chorea, severe She stumbled and fell 10 yrs

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) Accident

(b) Date of occurrence Sept. 27th, 1941

(c) Where did injury occur? at her home, West Plains (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature A. H. Schaubert (M. D. or other)

Address West Plains, MO. Date signed 3/4/42

SUPPLEMENTARY

