

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. to 6-

FILED FEB 26 1942

Registration District No. 2986 Primary Registration District No. 6766

1. PLACE OF DEATH: Mississippi
 (a) County Mississippi
 (b) City or town Devonia
 (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 17 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Rural (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 _____

3. (a) PRINT FULL NAME TEDDIE DAVIS
 3. (b) If veteran, name war V
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 25 year 1942 hour 12:30 minute _____ P. M.

4. Sex Female 5. Color or race Negro
 6. (a) Name of husband or wife Alvin Davis 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased March 16 1882

21. I hereby certify that I attended the deceased from 1-1-1942 to 1-17-1942
 that I last saw her alive on 1-17-1942 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 1 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic nephritis Duration 6 months

9. Birthplace Unknown Mississippi
 10. Usual occupation House Wife

Due to _____
 Due to _____
 Other conditions Hypertension (Include pregnancy within 3 months of death) Duration 3 months

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Matthew McFoy
 15. Birthplace Unknown

PHYSICIAN _____
 Major findings: Of operations 52a
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Alvin Davis
 (b) Address New Madrid Mo.
 17. (a) Rural (b) Date thereof 1-25-42
 (c) Place: burial or cremation Chapel
 18. (a) Signature of funeral director Frank Shelby
 (b) Address Post Office
 19. (a) 1-31-1942 (b) Mrs. M. Hodges
 (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 W. A. Sengal (M. D. or other)
 Address 244 S. Locust St. Charleston Mo. Date signed 1-31-42

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

RECEIVED
District Health Office No. 2,
District File Number 242-230
Date Filed 2-13-42

5881-01

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Travis Shelby

Licensed Embalmer No.

2726

P. O. Address.....

East Prairie, 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.