

FILED MAR 18 1942

Registration District No. 87

Primary Registration District No. 5-13-1-5129

Registrar's No. 57

12  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Beaver Dam Township  
(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 Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Beaver Dam Township 0  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO. D. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Lillie Davis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11  
year 1942 hour 8 minute A. M.

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

6. (b) Name of husband or wife R.S. Davis 6. (c) Age of husband or wife if alive, years 19 1877

7. Birth date of deceased: Sept 19 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him or alive on ..... 19.....  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>22</u>	hr. .... min.

Immediate cause of death Angina Pectoris

9. Birthplace Mt. Grove Missouri (1)  
(City, town, or county) (State or foreign country)

Due to Senility

Due to .....

10. Usual occupation Housewife

11. Industry or business Home

Other conditions (Include pregnancy within 3 months of death) 94b

MOTHER FATHER { 12. Name John Burns 4

13. Birthplace Unknown 4

14. Maiden name Marista Turnbull (State or foreign country)

15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. E. Plommons

Major findings:  
Of operations .....  
Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

(b) Address Route #6, Poplar Bluff, MO

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

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

17. (a) Burial (b) Date thereof 2-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kern Chapel

(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?

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo

While at work? (Specify type of place) (e) Means of injury 3

19. (a) 2-24-42 (b) Belle Kinnel  
(Date received local registrar) (Registrar's signature)

23. Signature Alfred M. Green Coroner  
Address Poplar Bluff, Mo Date signed 2/12/42

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RECEIVED

District Health Office No. 2,

District File Number 342-414

Date Filed 3-13-42

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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.....

Licensed Embalmer No. 3474

P. O. Address. Payson, Bluff

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.