

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22161

State File No.

FILED MOL 13 1942

Registration District No. 765

Primary Registration District No. 445-06266

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola (Rural)
(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 _____
(Specify whether, years, months or days)

In this community All of Life
(Specify whether, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Osceola (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 Elizabeth Davis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Davis

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 19-1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 14
If less than one day, hr. min.

9. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Bruce

13. Birthplace St. Clair County Mo;
(City, town, or county) (State or foreign country)

14. Maiden name Alice Fewell

15. Birthplace St. Clair County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Davis

(b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 5-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Cemetery

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Mo.

19. (a) 7-8-42 (b) Northy Georges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 10 minute 30P M.

21. I hereby certify that I attended the deceased from 6-17 1942 to 6-2 1942
that I last saw her alive on 4-26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 yrs
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature T.H. Tangles, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 6-7-42

1102 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 7-42-716

Date Filed 7-9-42

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

Charles A. Hathaway

Licensed Embalmer No. 4267

P. O. Address Seeca, Md

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.