Dr McBee

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38600

Registration District No. 2

Primary Registration District No. 4036

Registrar's No. 31

7
2
0

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

**1. PLACE OF DEATH:**

(a) County Bates County

(b) City or town Rich Hill Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 100 East Walnut St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 60 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Bates 7 2 0

(c) City or town Rich Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 100 East Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

**3. (a) PRINT FULL NAME** SALLIE BELLE DAVIS

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 Widowed

6. (b) Name of husband or wife Geo. Andrew Davis

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Aug 25th - 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Warsaw Kentucky 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Marsh.
13. Birthplace ~~Warsto~~ Warsaw Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Gilbert C. Davis

(b) Address 634 West 66 Terrace - KC

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16th Mon 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn, Rich Hill

18. (a) Signature of funeral director Brotten

(b) Address Rich Hill Mo.

19. (a) Nov 16/42 (Date received local registrar) (b) Mrs. O. W. Farrow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 14th year 1942 hour 7 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from October 28th, 1942, to November 14th, 1942; that I last saw her alive on November 13th, 1942; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Thrombosis → Cardosis due to ↖ | |
| Due to Arteriosclerosis | |
| Due to 83 f | |
| 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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Taylor R. McBee (M. D. or other) D.O.

Address Erke Bldg. Rich Hill Mo. Date signed 11-15-42

1302 (Licensed Embalmer's Statement on Reverse Side)

REGISTERED
District Health Officer No. 7,
District File Number 12-42-1276
Date Filed 12-7-42

## 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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.**