No. 2
-1-4-41
-17-39
X26330

53
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 170

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 41137

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: RT. 3, 1 MILLER ST. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ALWAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE 53 0

(c) City or town LEBANON 0 (If outside city or town limits, write "RURAL")

(d) Street No. RT. 3 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME NANCY ELEZEBETH 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 MARRIED

6. (b) Name of husband or wife John W. DAVIS | 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased SEPT (Month) 30 (Day) 1873 (Year)

8. AGE: Years 69 | Months 2 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace HICKORY Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name ALLEN WHEELER DAVIS
13. Birthplace ..... (City, town, or county) TENN 1 (State or foreign country)

MOTHER
14. Maiden name MARY BOAZ
15. Birthplace HICKORY Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant John L Davis

(b) Address LEBANON Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON Mo

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON Mo

19. (a) Dec 3-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 2 year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 10, 1942 to November 29, 1942 that I last saw her alive on November 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Myocardial degeneration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

938

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 0

23. Signature L. E. Harrell M.D. (M. D. or other)

Address Lebanon, Mo Date signed 12-3-42

1040 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 170

District File Number 12-42-186

Date Filed 1-11-43

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 Allyn Dethrage

Licensed Embalmer No. H 8 3 3

P. O. Address Lebanon Mo. Box 47

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.