

S. No. 2
M-9-4-41
Y 5-17-39
I X29282

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9 1943

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 3

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town JACKSON MO.
(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 _____ (Specify whether)
In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE-GIRARDEAU
(c) City or town JACKSON MO. (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 MARY-CATHERINE-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 FREDERICK M. DAVIS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 27 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Unionville IOWA (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM-W-ETHRIDGE
13. Birthplace TENNESSEE
14. Maiden name CATHERINE LONGLEY
15. Birthplace PENN.

16. (a) Informant Webster Davis

(b) Address JACKSON MO

17. (a) Burial (b) Date thereof 1-24-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Bergerts

18. (a) Signature of funeral director Wilson Stalls Seaborn

(b) Address JACKSON MO

19. (a) Jan 25 (b) J. H. Kessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1943 hour 030 minute P M.

21. I hereby certify that I attended the deceased from November 27, 1942 to January 21, 1943
that I last saw her alive on January 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart failure.

Due to ①. Chronic myocarditis

Due to ② - Cerebral apoplexy (right)

Other conditions ③ Complete left sided paralysis
(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.

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) (Means of injury)

23. Signature Albert M. Esteban (M. D. or other) _____

Address JACKSON Date signed 1-23-43

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

6
2
1

1116

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-173

Date Filed 2-8-43

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 *Glenn Wilson*

Licensed Embalmer No. 2828

P. O. Address *JACKSON 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.