No. 2
9-4-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2347

State File No.

Registration District No. JAN 21 1943 137

Primary Registration District No. 4214

Registrar's No. 226

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deepwater Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country Citizen (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Mettie G. Davis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed~~, married, divorced ~~No~~

6. (b) Name of husband or wife W.P. Davis

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug (Month) 2 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	0	hr. min.

9. Birthplace Benton County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER
12. Name John Ramp
13. Birthplace Pennsylvania / (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Belinda Baker
15. Birthplace Arkansas / (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Davis
(b) Address Deepwater Mo

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 12-4-42 (Month) (Day) (Year)

(c) ~~Place~~ burial ~~or cremation~~ Sunset Side Cem

18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater Mo

19. (a) Dec 4 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1064

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2nd
year 1942 hour 11 minute 4:60 P.M.

21. I hereby certify that I attended the deceased from 1940 to 12-2 19 42
that I last saw h[illegible] alive on 12-2 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy Cerebral	
Due to	
Due to	
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 C. R. Jayroe M.D. (Coroner or other)
Address Deepwater Mo Date signed 12-2-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-42-1433
Date Filed 1-14-43

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 Jas Thrust

Licensed Embalmer No. 2782

P. O. Address Duquesne 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.