S. No. 2
OM—5-42
5-17-39
I X32873

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

Dr. Brandon

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9736

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 60

1. PLACE OF DEATH:

(a) County: Butler

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

(c) Name of hospital or institution: 128 S "B" St. (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 —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No. 128 South "B" St. (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 —

3. (c) Social Security No. —

4. Sex: Female

5. Color or race: White

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

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

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

7. Birth date of deceased: Sept. 23, 1861 (Month) (Day) (Year)

8. AGE: Years 81 | Months 4 | Days 27 | If less than one day — hr. — min.

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

10. Usual occupation: At Home

11. Industry or business —

FATHER
12. Name: Hamilton Scott
13. Birthplace: — , Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Vandauer
15. Birthplace: — , Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Lee Fitzgerald
(b) Address: Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Cane Creek – Butler Co., Mo.

18. (a) Signature of funeral director: Frank Und. Co.
(b) Address: Poplar Bluff, Mo.

19. (a) 3-1-43 (Date received local registrar) (b) Billie Kimel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sep-10th 1943 to Sep-20th 1943 that I last saw her alive on Sep-20th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration 1-20-43

Due to: Senility

Due to:

Other conditions (Include pregnancy within 3 months of death): 93 yr

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: [illegible] (M. D. or other)

Address: Poplar Bluff, Mo. Date signed: 2-28-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-419
Date Filed 3-30-43

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 Scott A. Cobrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.