S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10070

FILED APR 15 1943

Registration District No. 89

Primary Registration District No. 5328

Registrar's No. 362

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Leasburg "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Twp
(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 Mo. (b) County Crawford 28
(c) City or town Leasburg "RURAL" C
(If outside city or town limits, write "RURAL")
(d) Street No. C
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ARTRISSA M. DAVIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William Rollson Davis

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

7. Birth date of deceased April (Month) 11 (Day) 1848 (Year)

8. AGE: Years 94 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hardy McWilliams
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Henry O. Davis
(b) Address Leasburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director Elbert E. Long
(b) Address Bourbon Mo

19. (a) April 10, 43 (Date received local registrar) (b) W. F. Truri MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26 year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 20, 1943, to Mar 26, 1943; that I last saw her alive on Mar. 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis.

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.

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 W. F. Truri (M. D. or other)
Address Leasburg Mo. Date signed 4-10-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 4-43-251
Date Filed 4-13-42

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 Elbert E Long

Licensed Embalmer No. 3504

P. O. Address Bourbon 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.