

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

FILED APR 3 1943

1. PLACE OF DEATH:  
(a) County Genessee  
(b) City or town Hayti Rural  
(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 13 yrs years, months or days

3. (a) PRINT FULL NAME Mrs. Mattie 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 Jayman Davis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-21-1889 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 7 5 hr. min.

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

10. Usual occupation General Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Hinton Robert  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Fannie May Blankenship  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Geo. D. Randolph

(b) Address Hayti, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director Raymond L. ...

(b) Address Hayti, Mo.

19. (a) 3-28-43 (Date received local registrar) (b) George Winkler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Genessee  
(c) City or town Hayti Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-26 day \_\_\_\_\_ year 1943 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1929 to 3-26 1943 that I last saw him alive on 3-24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Stomach 59ms

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arteriosclerosis of Liver (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy H&E

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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Fred L. DeGrove (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed 3/27/43

3-43-180

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**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.....

Licensed Embalmer No.....

P.O. Address.....

**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.**