

FILED JUN 7 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 W 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sandra Dean 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 single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 2 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name George Davis
13. Birthplace Smithton Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Betty Mae Prall
15. Birthplace Sedalia Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant George Davis
(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof May 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 5/10/43 (b) Dr. Anna Berger
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 214 W 10 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 5-8-1943 to 5-8-1943
that I last saw him alive on 5-8-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2 weeks
Duration

Due to
Due to 9
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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) (e) Means of injury 2
23. Signature Robert K. Starnes DO
Address 501 1/2 S. Engineer Date signed 5-10-43

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

30
6
4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.