. No. 2
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5-17-39-
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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

20777

State File No.

FILED JUL 9 1943

Registration District No. 1541 Primary Registration District No. 4039 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No street # 1
(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 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Lincoln (If outside city or town limits, write "RURAL") 8
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Minnie J 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 Henry F Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 19 (Day) 1884 (Year)
8. AGE: Years 59 Months 1 Days 7 If less than one day hr. min.
9. Birthplace Cass Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name George W Bennett
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary C Elledge
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant Cecil Davis
(b) Address Lincoln Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Warsaw Cem
18. (a) Signature of funeral director Fred Williams
(b) Address Clinton Mo
19. (a) June 9, 1943 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1943 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from Sept 1, 1942, to May 26, 1943 that I last saw h. Ex. alive on May 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus and Infection	3 yrs
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

48 h

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 James O Logan (M. D. or other) MD
Address Warsaw Date signed 3/28/44

1541 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-621
Date Filed 7-8-43

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Sta

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.