

FILED JUL 12 1943

State File No. \_\_\_\_\_

Registration District No. 36

Primary Registration District No. 4048

Registrar's No. 9

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Rockport  
(If outside city or town limits, write "RURAL" and name of township)  
(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 77 yrs 10 mo. 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Brown  
(c) City or town Rockport (If outside city or town limits, write "RURAL") 10  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LIZZIE HAVIS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Pat Davis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-1-1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone Co. Mo. (City, town, & county) (State or foreign country)

10. Usual occupation at home

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

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Leon Gray

(b) Address Rockport Missouri

17. (a) Burial (b) Date thereof 6-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Rockport Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) June 16-1943 (Date received local registrar) Mrs Betty Crave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 - 1943  
year 1943 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 12 1942 to June 5 1943  
that I last saw her alive on June 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditic

Due to Similarity

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature J E Huggill (M. D. or other) \_\_\_\_\_

Address Rockport Mo. Date signed 6-9-43

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

APR 19 1917

*Ke...*

*Littlefield*

*...*

*...*

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

*Stuart D. Parker*

Licensed Embalmer No. ....

*2900*

P. O. Address

*Columbia, 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.