

FILED JUL 12 1943  
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 362

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jonlin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2111 Wall /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 18 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jonlin  
(If outside city or town limits, write "RURAL")

(d) Street No. 2111 Wall  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lily May 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 M

6. (b) Name of husband or wife Oron Davis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUG 30 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

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

12. Name Wm Clyde Robinson

13. Birthplace Charleston W Va  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sloan Maggall

15. Birthplace Scotland W Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Oron Davis

(b) Address 2111 Wall

17. (a) Perinatal (b) Date thereof 7-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nosey Hill - Weir-Kans

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Jonlin, Missouri

19. (a) 6-30-43 (b) Gertrude Susholter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-27-43  
\_\_\_\_\_ 19\_\_\_\_ to 6-28 1943  
that I last saw her alive on 6-28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Perinatal Incomplete Abortion

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 141d

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? Jonlin Mo  
(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 \_\_\_\_\_

23. Signature John Jones (M.D. or other) \_\_\_\_\_  
Address Jonlin Date signed 7/29/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49  
58

49  
2  
5

43

1204

43-6-554

**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

*Steve D. Pecker*

Licensed Embalmer No. *2948*

P. O. Address *Appleton, Wis.*

**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:**