

ED JUL 1 1943

Registration District No. 165

Primary Registration District No. 4253

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Chilhowee
(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 58 years
years, months or days)

3. (a) PRINT FULL NAME Beulah (No mid. name) Davis

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estil G. Davis 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 18 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business (Same)

12. Name E. S. Turner

13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Ann Craig

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

16. (a) Informant Mr. Edgar M. Davis

(b) Address Chilhowee, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Chilhowee, Missouri

19. (a) 6/28/43 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1943 hour 2 minute PM

21. I hereby certify that I attended the deceased from April 8
1943 to June 28 1943
that I last saw her alive on June 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardiovascular Disease

Due to _____

Other conditions (include pregnancy within 3 months of death)

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 _____

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 6/29/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

REC'D JUN 20 1943
JUN 16 1943

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.....

J. J. Pool

Licensed Embalmer No.....

4335

P. O. Address.....

Chilhowee, N.C.

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.