No. 2
—5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27644

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4
(c) City or town Mexico (If outside city or town limits, write "RURAL") 2
(d) Street No. 706 Fairground Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Nevo ~~Dollens~~ Dollens
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 Married
6. (b) Name of husband or wife Tom K.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 10 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
34	1	29	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Collier Davidson
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Virginia Price
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Tom Dollens
(b) Address Mexico
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope, Audrain County
18. (a) Signature of funeral director Earl T. Bruhn
(b) Address Mexico Mo.
19. (a) 8-8-1943 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1943 hour 7 minute P M.
21. I hereby certify that I attended the deceased from 7-24-43, 19, to 8-8-43, 19; that I last saw her alive on 8-8-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis — Duration 2 days
Due to gastro-jejunostomy for gastro-jejunal fistula
Due to Ca of jejunum or ~~[illegible]~~ — 1 yr +
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations as above
Of autopsy

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 Dr. J. V. Ackerman (M. D. or other)
Address Cancer Hosp. Date signed Aug 9

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Earl T. Pruitt

Licensed Embalmer No. 31-89

P. O. Address Macon 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.