

FILED NOV 5 1943

Registration District No. 87

Primary Registration District No. 5265

State File No. _____

Registrar's No. 416

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Sparta, Mo., Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Rural Sparta, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Elizabeth Davis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced wife
6. (b) Name of husband or wife Charley Davis 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 10 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 0 If less than one day _____ hr _____ min

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

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER

12. Name Elizabeth Knowlton
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Street
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Davis
(b) Address Sparta, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Shipman Cemetery

18. (a) Signature of funeral director T. B. Chebbin
(b) Address Clark, Mo.
19. (a) 11-4-1943 (Date received local registrar) Amos M. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Sparta, Mo., Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May - 1943 to Oct - 10 1943
that I last saw her alive on Oct - 9 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis, coronary Duration 1 hr.

Due to Chronic Myocarditis 5 months

Due to Vascular Hypertension 6 months

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
93d

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)
(a) Means of injury _____
23. Signature Charles Wilson (M. D. or other) 4460
Address Sparta, Mo. Date signed 11-2-48

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 T. B. Chaffin
Licensed Embalmer No. 2192
P. O. Address Frank, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.