

No. 2
-2-43
5-17-39
X 35692

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35509

State File No. _____

FILED NOV 10 1943
278
Registration District No. _____

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
Pike County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week
(Specify whether)

In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 107 1/2 Crawford Road 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Melissa Ann Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1943 hour 7:00 minute AM

21. I hereby certify that I attended the deceased from
Sept. 25, 1943 to Oct. 2, 1943
that I last saw her alive on Oct 1 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 9/25/88 15 185-8
(Month) (Day) (Year)

Immediate cause of death: Acute Cardiac Disease
Ac. Cardiac De-compensation 1'66

Due to: Marked Cardiac Hypertrophy with
Mitral Insufficiency
Hypertrophy & Pulmonary Congestion

Other conditions: Chronic Interstitial Nephritis

(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

84 7 21 _____ hr. _____ min.

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

10. Usual occupation: House wife

11. Industry or business: At Home

Major findings: Chronic Arterio Sclerosis

Of operation: Senility 131a

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Moses H. Angle

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

14. Maiden name Sarah Weather Adams

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

16. (a) Informant Mrs. M. J. Davis Kenning

(b) Address Louisiana, Mo.

17. (a) Burial (b) Date thereof Oct 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana

18. (a) Signature of funeral director Shaner & Sherrill

(b) Address Louisiana Mo.

19. (a) 10/4/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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, or in industrial place, in public place?
ROBERT L. ANDRAE ROBERT L. ANDRAE, M. D.
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Robert L. Andrae M.D. (M. D. or other)
Address Louisiana, Mo. Date signed 10/4/43

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

1169

705

872

RECEIVED

District Health Officer No. 10

District File Number 11-43-1786

Date Filed NOV 9 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

[Handwritten signatures and initials]