

S. No. 2
M-5-42
5-17-39
1-23-38

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36066

State File No.

Registrar's No. 47

OCT 28 1943
Registration District No. 378

Primary Registration District No. 4552

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

1. PLACE OF DEATH:

(a) County: Wright
(b) City or town: Mtn. Grove
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 43 yrs. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wright
(c) City or town: Mtn. Grove (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: LOUISE SUNG DAVIES

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1943 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 10-7-43 to 10-9-43
that I last saw her alive on 10-9-43 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: Albert A. Davies 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 24 1853
(Month) (Day) (Year)

Immediate cause of death: Cerebral Neurothax 48 hrs. Infirmities of age
Due to: Infirmities of age
Due to:

8. AGE: Years Months Days If less than one day
90 1 16 hr. min.

9. Birthplace: New York City, N.Y.
(City, town, or county) (State of foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: John Jung

13. Birthplace: Berlin, Germany
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Marie Stark

15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Louise Davies
(b) Address: Mtn. Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) burial (b) Date thereof: 10/13/43
(Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest, Mtn. Grove, Mo.

18. (a) Signature of funeral director: Suppose Barber
(b) Address: Mtn. Grove, Mo.

19. (a) 10/12/43 (b) Mt. Grove
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations: J2a!
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)

23. Signature: H. A. Grane (M. D. or other)
Address: Mountaintop Phone Date signed: 10/11/43

RECEIVED

District Health Officer No. 6;

District File Number 1043-1172

Date Filed OCT 25 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.