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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41818

FILED JAN 10 1944

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 458

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital No 1 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 month 26 (Specify whether

In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 14

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

(d) Street No. 1808 S Harrison (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME BEATRICE LUCILLE DAVIS

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 single 0

6. (b) Name of husband or wife non

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

7. Birth date of deceased March (Month) 28 (Day) 1923 (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	9	2	hr. min.

9. Birthplace Sedalia (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation none

11. Industry or business non

FATHER
12. Name Charles E Davis
13. Birthplace Warsaw (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Beatrice Spry
15. Birthplace Nelson (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Records

(b) Address State Hospital No 1

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

(c) Place: burial or cremation Sedalia, Mo

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St. Fulton, Mo

19. (a) 12-30-1943 (Date received local registrar) (b) Josie Mossinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1943 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 4, 1943, to Dec 30, 1943 that I last saw her alive on Dec 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

30 P

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 R P Price 0 (M. D. or other) MD

Address Fulton Mo Date signed 12/30/43

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.