

No. 2
4-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

D. A. Albert Martini
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43096
State File No. _____
Registrar's No. 16

Registration District No. 218 Primary Registration District No. 5789

1. PLACE OF DEATH
(a) County Mississippi
(b) City or town Rural
(c) Name of hospital or institution: Residence 1
(d) Length of stay: In hospital or institution 9 mo. 15 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miss 67
(c) City or town Rural
(d) Street No. 22 miles south of Prairie
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BEATRICE DAVIDSON

3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex Fem. 5. Color or race W. 6. (a) Single, widowed, married, divorced O

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

7. Birth date of deceased Jan. 21, 1943
(Month) (Day) (Year)

8. AGE: Years 9 Months 15 Days If less than one day hr. min.

9. Birthplace Miss. Co. Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ruby Davison
13. Birthplace Stamba Miss. 1
14. Maiden name Mabel Lou Davis
15. Birthplace Unknown Ky. 1

16. (a) Informant Ruby Davison
(b) Address East Prairie, Mo. Rt. 2

17. (a) Burial (b) Date thereof 11-5-43
(c) Place: burial or cremation W. W. S.

18. (a) Signature of funeral director L. S. Shelby
(b) Address East Prairie, Mo.

19. (a) 12-9-1943 (b) Jannie Bryman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 3rd 1943 to Nov. 4th 1943
that I last saw her alive on Nov. 4th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria

Due to _____
Due to 10
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature A. J. Martini (M. D. or other)
Address East Prairie, Mo. Date signed 11/5-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1271

RECEIVED

District Health Office No. 2

District File Number 1243-15

Date Filed 12-14-43

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.....

Not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed Lewis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.