

FILED JAN 10 1944

Registration District No. 268

Primary Registration District No. 4396

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemisscott
 (b) City or town Wardell, mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Katie 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 Widow

6. (b) Name of husband or wife Monroe Davis 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct 10 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 2+0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Jenn 1
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name Crockett Gerald13. Birthplace Jenn
(City, town, or county) (State or foreign country)14. Maiden name: Sallie Warren15. Birthplace Jenn 1
(City, town, or county) (State or foreign country)16. (a) Informant Jess Davis(b) Address Wardell, mo17. (a) Burial (b) Date thereof 1-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rave, Jenn18. (a) Signature of funeral director W. H. Isby(b) Address Rector, Ark19. (a) 1-3 1944 (b) J. J. Casey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Pemisscott
 (c) City or town Wardell, ms
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3-1944
year 1944 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw her alive on Jan 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to tuberculosis ✓ 10 yr

Due to _____

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? _____ (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)
(e) Means of injury _____23. Signature J. J. Gullett (M. D. or other) _____Address Wardell Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12-43-337

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

John R. Casner

Licensed Embalmer No.

2912

P. O. Address

Rector, Ark

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Wardele
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan year 1944 day _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, that I last saw him _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex 7 5. Color or race w
6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 10 1885
(Month) (Day) (Year)

Duration 24h
Due to _____
Due to _____

8. AGE: Years 74 Months 2 Days _____ If less than one day _____ min.
9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 13 fl
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(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, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. Gullett (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

3853