

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8044

State File No. _____

FILED MAR 13 1944

Registration District No. 271

Primary Registration District No. 5992

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Putnam Lincoln

(b) City or town Burial

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Rural

(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 _____

3. (a) PRINT FULL NAME Mary Amolissia Davis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 11 Day _____
year 1944 hour 11:45 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1942 to Feb 11 1944
that I last saw h. alive on Dec 10 1940
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 Married

6. (b) Name of husband or wife William W. Davis 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Kansas
2 (Month) 8 (Day) 1859 (Year)

Immediate cause of death Coronary Artery Disease Duration 7

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

85 0 3 hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131a

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Andrew Crist

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

14. Maiden name Louisa Rennels

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

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? _____

16. (a) Informant William Davis

(b) Address Rout 5 Unionville Mo.

17. (a) burial (b) Date thereof Feb. 15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Address Unionville, Mo. Date signed 2-13-44

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville Mo

19. (a) 2/4/44 (b) [Signature]
(Date received local registrar) (Signature)

10412 Licensed Embalmer's Statement on Reverse Side

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

RECEIVED

District Health Officer No. 10

District File Number 3-44-550

Date Filed MAR 8 1944

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.....

J. O. Heisted

Licensed Embalmer No. 2975

P. O. Address.....

Vernonville 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.