

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

FILED MAR 24 1944

Registration District No. 11

Primary Registration District No. 5135

Registrar's No. _____

1. PLACE OF DEATH:
 Butler
 (a) County
 (b) City or town Brosley
 (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:
 997
 (a) State Illinois (b) County _____
 (c) City or town Benton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1109 E. Webster Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 2nd
 year 1944 hour 6-⁰⁰ minute 45 P. M.
 21. I hereby certify that I attended the deceased from Feb. 2nd
 1944 to _____ 19____;
 that I last saw her alive on Feb. 2nd 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (g) Single, widowed, married, divorced, Widowed
 (h) Name of husband or wife Henry Davis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 27th. 1886
 (Month) (Day) (Year)

Immediate cause of death Respiratory Failure Duration _____
 Due to Double Lobar Pneumonia 10 days
 Due to _____

8. AGE: Years Months Days If less than one day
57 6 6 hr. _____ min.

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

9. Birthplace Hamilton, Co. Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Work

PHYSICIAN
 Underline the cause to which death should be charged statistically.
108

11. Industry or business _____
 12. Name James Harrelson
 13. Birthplace Hamilton, Co. Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Hays
 15. Birthplace Hamilton, Co. Illinois
 (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?
 _____ (Specify type of place)
 While at work? _____ (2) Means of injury _____
 23. Signature Gordon C. Hemphill (M. D. or other) DO
 Address Risk Mo Date signed 2/7/44

16. (a) Informant Frank Harrelson
 (b) Address 1109 E. Webster, Benton, ILL.
 17. (a) Burial (b) Date thereof 2-4-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linwood Cemetery
 18. (a) Signature of funeral director Paragould
 (b) Address Paragould Arkansas
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

MAR 23 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 *Randall S. Mitchell*

Licensed Embalmer No. 373

P. O. Address. Paragould Arkansas

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.

Registration District No. 43 Primary Registration District No. 513 J

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Quincy, Wash Hill Twp
(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 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County _____

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

(d) Street No. 109 E Webster Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased July 27
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days _____ (Unless than one day)

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

10. Usual occupation Widow

11. Industry or business _____

12. Name James Hanson

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

14. Maiden name Elizabeth

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

16. (a) Informant Frank Hanson

(b) Address 109 E Webster Benton Ill.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 2-4-44
(Month) (Day) (Year)

(c) Place: burial or cremation Linwood Cemetery

18. (a) Signature of funeral director R. S. Mitchell

(b) Address Paragould, Tenn

19. (a) 6-13-44 (b) Belle Kuno
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to _____

Due to Double lobar pneumonia

Other conditions (Include pregnancy within 3 months of death) 10 days

Major findings: Of operations _____

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) _____

(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) (c) Means of injury _____

23. Signature Gordon C. Hemphill D.O. (M.D. or other) _____

Address Frank, Mo Date signed 2/24

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

SUPPLEMENTARY

MOTHER FATHER

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH10504-44
State File No. 5145135Registrar's No. 114

FILED MAY 12 1948

Registration District No. 408Primary Registration District No. 5145135

1. PLACE OF DEATH:

- (a) County Butler
 (b) City or town Graseley mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
died at The Home of John H. Harlow
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community X 1 Month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel Davis

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

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

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

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

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)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Roydall L Mitchell(b) Address X Paragould Ark9. (a) 4-23-44 (b) Belle Kimes

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo Ill (b) County Franklin
 (c) City or town Benton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1109 E. Webster St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

RECORD—MAKE A PERMANENT RECORD

SUPPLEMENTARY