S. No. 2
M—2-43
5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28558

Registration District No. 388 — Primary Registration District No. 4426 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Fairplay, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / XXXX (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days) In this community 20 - yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: ~~CEDAR~~ Polk 84

(c) City or town: XX (If outside city or town limits, write "RURAL") 0

(d) Street No.: XX (If rural, give location) 0

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

If yes, name country: XX 0

3. (a) PRINT FULL NAME: MOLLIE DAVIS

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: Female

5. Color or race: / white

6. (a) Single, widowed, married, divorced: 0 single

6. (b) Name of husband or wife: XX

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

7. Birth date of deceased: Oct. (Month) 23, (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	9	27	XXXXXX min.

9. Birthplace: Polk Co., Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Telephone Operator

11. Industry or business: XXXX

FATHER
12. Name: J. E. Davis
13. Birthplace: Polk Co., Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Fannie A. Wright
15. Birthplace: Polk Co., Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: J. E. Davis
(b) Address: Aldrich Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge

18. (a) Signature of funeral director: CHURCH AND NEALE
(b) Address: STOCKTON, MISSOURI

19. (a) Aug. 24 - 1944 (Date received local registrar) (b) Dorah McAllister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1944 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw her alive on Aug 19th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Angioneurotic edema of Glottis

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

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

105.1

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: 2

23. Signature: Dr. O. F. Wilson (M. D. or other) DO

Address: Fair Play Mo Date signed 8/21/44

1362 (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: C. H. Neale

Licensed Embalmer No. 3338

P. O. Address: Stockton, 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.