V. S. No. 2
00M—8-43
Rev. 5-17-39
-1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31987

Registration District No. 374 Primary Registration District No. 62764550 Registrar's No.

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Sheridan (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 1 (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED: 74
(a) State Mo. (b) County Nodaway (1)
(c) City or town Sheridan, Mo Rural (1) (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Florence 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 Married

6. (b) Name of husband or wife Wm Davis
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug (Month) 16 (Day) 1875 (Year)

8. AGE: Years 69 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Sheridan R.F.D. Mo. (1) (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER
12. Name Oren Nelson Lester
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Slobaugh
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Vern Davis
(b) Address Sheridan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope, Hopkins Mo.

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins Mo

19. (a) Aug 25-1944 (Date received local registrar) (b) Arlene Scaden (Registrar's signature)

110 61

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 7-44 19 44 to Aug 19 19 44
that I last saw her alive on Aug 19 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Myocardial Degeneration	
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)
(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

23. Signature R. J. Carter (M.D. or other) Dr.
Address Graham, Mo. Date signed 8-21-44

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3966

P. O. Address Hayti 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: