

FILED NOV 8 1944

Registration District No.

Primary Registration District No. 4024

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

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

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora BELL Mitchell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1932 to July 7, 1944
that I last saw her alive on July 7, 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced, widowed

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

7. Birth date of deceased Aug. 23 1868
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach

Due to Ulcer

Due to Hb

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

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

75	10	14	hr. min.
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9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James C. Davis

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

14. Maiden name Martha Moore

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

16. (a) Informant Mabel Ward

(b) Address Cassville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/1944
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culvers Funeral Home

(b) Address Cassville Mo.

19. (a) Aug 18 - 1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature Glenn J. Sawyer (M. D. or other) MD.
Address Cassville Mo. Date signed Aug 15

RECEIVED

District Health Officer No. 6,

District File Number 1044-1095-

Date Filed OCT 30 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: *W. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address Caseville 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.