

FILED NOV 14 1944

Registration District No. 277

Primary Registration District No. 441

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Pike Co

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: B.S. Springs Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

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

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

3. (a) PRINT FULL NAME Cyrena Frances Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1944 hour 6 minutes 30 A.M.

21. I hereby certify that I attended the deceased from July 16, 1944, to Oct. 2, 1944;
that I last saw her alive on Oct. 1, 1944;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Davis 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: March 17 - 1867
(Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration 6 hours

Due to Chronic Myocarditis years

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

8. AGE: Year 83 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business same

12. Name Wesley N Callaway

13. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wesley

15. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie B. Horton

(b) Address 116 1/2 N. 1st St. Tulsa Ok

17. (a) Burial (b) Date thereof 10-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Wesley Mo

18. (a) Signature of funeral director J.B. Beth

(b) Address Hillsdale Mo

19. (a) 10-7-44 (b) Mrs. Frank Davis
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Glenn D. Omer (M. D. or other) D.O.

Address Bowling Green, Mo Date signed 10-9-44

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

MOTHER FATHER

AUG 29 1947

APR 2 1945

RECEIVED

District Health Officer No. 10

District File Number 11-44-1834

Date Filed NOV 10 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, *Self.*

Registered Apprentice No. _____

working under my personal supervision.

Signed *T. B. Miller*

Licensed Embalmer No. *1588*

P. O. Address *Mettsville 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.