. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41126

FILED JAN 10 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 902 A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks., 1 day (Specify whether)
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon (If outside city or town limits, write "RURAL") 1 2.
(d) Street No. 300 block Jackson Lebanon (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Maud Estelle Davis
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. T. Davis
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Feb. (Month) 20, (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	9	19	hr. min.

9. Birthplace Camden Co Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name R. M. Peters
13. Birthplace Camden Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Winney
15. Birthplace Camden Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant R. M. Peters
(b) Address Lebanon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-9-44 (Month) (Day) (Year)
(c) Place: burial, or cremation Lebanon Mo.
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) 12-18-44 (Date received local registrar) (b) 5 W E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 1944 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Nov 1st, 1944, to Dec 9, 1944 that I last saw her alive on Dec 9th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cholelithiasis + Chole docho Lithiasis	10 yrs.
Due to: Hepatitis + Liver failure	3 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death) 126	

Major findings: Of operations: Chole ~~cystitis~~ lithiasis + Chole docholithiasis
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 George Hayhoom (M.D. ~~or other~~)
Address Springfield MO Date signed 12/18/44

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Dorsey N. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.

X