

**FILED FEB 14 1945**

Registration District No. **37**

Primary Registration District No. **5107**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Benton,**  
(b) City or town **Lincoln Rural White Clay**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**none,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **65 yrs.,** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO,** (b) County **Benton,**  
(c) City or town **Lincoln Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **00**  
(If rural, give location)  
(e) Citizen of foreign country? **No,** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Martha Davis**

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

4. Sex **Female** 5. Color or race **W,** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **W.H. Davis** 6. (c) Age of husband or wife if alive **83** years  
7. Birth date of deceased **May, 16, 1959**  
(Month) (Day) (Year)

20. DATE OF DEATH: Month **Jan** day **24** year **1945** hour **8** minute **P** M.  
21. I hereby certify that I attended the deceased from **Jan 7** 19 **45** to **Jan 24** 19 **45**

that I last saw her alive on **Jan 7** 19 **45** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Heart Disease** Duration  
**Fiducia**

8. AGE: Years **85** Months **8** Days **8** If less than one day hr. min.

Due to **Arteriosclerotic Heart Disease**

9. Birthplace **MO,** (City, town, or county) (State or foreign country)

Due to **Senility**

10. Usual occupation **House wife,**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

PHYSICIAN

MOTHER FATHER  
12. Name **George Booker,**  
13. Birthplace **Dont Know,** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Cunningham**  
15. Birthplace **Dont know,** 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations.....  
Of autopsy **No 93d**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **George Shul,**  
(b) Address **Lincoln Mo,**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....

17. (a) **Burial,** (b) Date thereof **Jan. 26 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation **Mackentire Cem, Lincoln MO,**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **J. Blalock**

While at work? (Specify type of place) (e) Means of injury.....

(b) Address **Lincoln Mo**

23. Signature **Simon L. Turner** (M. D. or other) **do**  
Address **Colo Camp, MO** Date signed **1-26-45**

19. (a) **January 31 45** (b) **Pauline Narva**  
(Date received local registrar) (Registrar's signature)

1541

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

800

Date Filed

2-13-45

**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 Me.  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*J. B. Calbert*

Licensed Embalmer No. 2500

P. O. Address Lincoln 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.**