. S. No. 2
DM—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
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6010

Registration District No. 101 Primary Registration District No. 5412 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town ~~Ava,~~ Rural Springcreek Twp
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julina Davis
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. P. D. A. Davis
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August (Month) 12, (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	4	29	hr. min.

9. Birthplace Ava, Douglas County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Wiley Ritter
13. Birthplace Douglas County, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Kinworthy,
15. Birthplace ****** Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Fred Davis
(b) Address Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fannen
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 1-31-1945 (Date received local registrar) (b) Lula Spurlock Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1945 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from Dec, 1944, to Jan, 1945;
that I last saw her alive on Jan 10, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Arterial Hypertension	Sovr 1 mon
Due to Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83	
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 0
23. Signature R M Norman (M. D. ~~or other~~)
Address Ava - Mo Date signed 1/15/45

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 245-214
Date Filed FEB 14 1945

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 B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ocean Md

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.