. 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
FILED MAY 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16778

State File No.

Registration District No. 101 Primary Registration District No. 5399 Registrar's No.

34
0
6

1. PLACE OF DEATH

(a) County Douglas Co.
(b) City or town Rural Campbell Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Ava Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. near Ava Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Julia Emma Davis
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 19 (Day) 1857 (Year)

8. AGE: Years 87 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Salitoo (City, town, or county) Miss (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —
FATHER
12. Name Oliver Stanley
13. Birthplace Salitoo (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Maggie Robertson
15. Birthplace unknown (City, town, or county) Miss (State or foreign country)
16. (a) Informant C E Davis
(b) Address Ava Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Noble Mo
18. (a) Signature of funeral director Roller Funeral Home
(b) Address Gainesville Mo
19. (a) 5-1-1945 (Date received local registrar) (b) Lula Spurlock Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7th year 1945 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 28, 1940, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic — Duration Dont 1 hour
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93 d
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 R M Norman (M. D. or other)
Address Ava Mo. Date signed 4-1-45

1056

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6.
District File Number 5-45-598
Date Filed MAY 15 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 Lawrence S Hall

Licensed Embalmer No. 2784

P. O. Address Valnewville m

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.