

FILED MAY 16 1945
Registration District No. 22

Primary Registration District No. 4194

Registrar's No. 42

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Albany
(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

3. (a) PRINT FULL NAME Mrs. Rosa W. Davis

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife G. Y. Davis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James Larmer

13. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Cunningham

15. Birthplace Lee County Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Gibbons

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 5/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside

18. (a) Signature of funeral director Walter A. Smith

(b) Address Albany, Mo.

19. (a) May 7 - 1945 (b) Walter A. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt
(c) City or town Albany
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 20, 1945 to May 6, 1945
that I last saw her alive on May 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 mos.

Due to Arterial Hypertension (Choroid Plexus?)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations G30

Of autopsy _____

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 0

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 5-7-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8-1-0

1168

RECEIVED
District Health Officer No. 14
District File Number
Date Filed

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 JME
....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard Brooks
Licensed Embalmer No. 3329
P. O. Address Albany 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.