. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17775

Registration District No. 294 Primary Registration District No. 3052 Registrar's No. 135

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BOTHWELL HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HOURS (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State MISSOURI (b) County PETTIS 1

(c) City or town SEDALIA 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1609 SO. MONITEAU
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ADA LEE DAVIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 9

6. (b) Name of husband or wife GEORGE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) — 3 (Day) — 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	9	13	hr. min.

9. Birthplace CYNTHIANA (RURAL) (City, town, or county) KY. 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name A. B. WILSON
13. Birthplace OWENSVILLE (City, town, or county) KY. 1 (State or foreign country)

MOTHER
14. Maiden name MARGARET WRIGHT
15. Birthplace OWENSVILLE (City, town, or county) KY 1 (State or foreign country)

16. (a) Informant MRS MARGARET LABANN
(b) Address SEDALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-18-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, MO.

19. (a) 5/18/1945 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 16TH year 1945 hour 7 am minute M.

21. I hereby certify that I attended the deceased from 14 May, 1945, to May 16, 1945 that I last saw her alive on May 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Intestional Obstruction

Due to Hernia (Removal)

Due to Myocarditis

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

Major findings:
Of operations 12 2/5
Of autopsy

Duration

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 B. C. Snavely (M. D. or other)

Address Sedalia Mo. Date signed 5/17-45

(Licensed Embalmer's Statement on Reverse Side)

1022

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 6/6/45

SEP 4 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 L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.