S. No. 2
1—8-43
5-17-39
P1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27849

Registration District No. 205 Primary Registration District No. 5741 Registrar's No. 8

1. PLACE OF DEATH:

(a) County MACON

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

(c) Name of hospital or institution: Rt. 3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 76 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

(c) City or town Bucklin Rt 3.
(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 —

3. (a) PRINT FULL NAME MARY SUSIE DAVOLT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.M.

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. M. Davolt

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. (Month) 26. (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	27	hr. min.

9. Birthplace Macon Co. Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Peter Anspaugh
13. Birthplace Jamestown Ohio!
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine McClain
15. Birthplace Jamestown Ohio!
(City, town, or county) (State or foreign country)

16. (a) Informant C. M. Davolt
(b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cash Cem.

18. (a) Signature of funeral director Lyon Funeral Service
(b) Address Bucklin Mo.

19. (a) 7/24/45 (Date received local registrar) (b) Almena M. Gilleland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1945 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 8th, 1945 to July 23rd, 1945 that I last saw her alive on July 23rd, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	2 mo
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy No	

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 C. O. West (M.D. or other)

Address New Cambria Mo Date signed July 24 1945

1050 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1230
Date Filed AUG 16 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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.