

FILED OCT 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 121

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

In this community 1 month  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Warrenton 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Adeline M. 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 Widowed

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

7. Birth date of deceased December 28, 1866  
(Month) (Day) (Year)

8. AGE:

|       |        |      |                      |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 78    | 8      | 0    | hr. min.             |

9. Birthplace Warren County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {

12. Name Wm. G. Spires

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Anderson

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 8-30-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation The Grove Cemetery Warren County, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) Aug 29, 1945 (b) Lamot to Paul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28  
year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Aug 28 to Aug 28, 1945, that I last saw her alive on Aug 28, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Continued of Cancer ?

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hep

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?.....

While at work?.....  
(Specify type of place) (e) Means of injury.

23. Signature J. J. Jackson (M. D. or other) D

Address Warrenton, Mo. Date signed 8-29-45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-12-45

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.....

John E. Healing  
working under my personal supervision.

Registered Apprentice No. 375

Signed John E. Healing

Licensed Embalmer No. 3897

P. O. Address Waverton, 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.