

No. 2
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5-17-39
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2219

State File No. _____

FILED JAN 21 1946

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
3 miles N. W. of Neelyville
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles NW of Neelyville 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lydia Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female 5. Color or race colored

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

6. (b) Name of husband or wife Thomas Davis

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 11 20 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace New Madrid Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Lewis Wade

13. Birthplace New Madrid Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Munter

15. Birthplace New Madrid Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Davis

(b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof 1/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid, Mo.

18. (a) Signature of funeral director Minnie Gish

(b) Address Neelyville, Mo.

19. (a) 1-3-46 (b) RH Minter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1946 hour 11:30 minute 4 M.

21. I hereby certify that I attended the deceased from 26 Dec, 1945, to 1 Jan, 1946;
that I last saw her alive on 26 Dec 1945, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death <u>Nephritis, Acute</u>	Duration <u>7 days</u>
Due to <u>Bowel obstruction, partial</u>	<u>2 weeks</u>
Due to <u>Gastritis, Chronic</u>	<u>6 mos.</u>

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

Major findings:
Of operations _____ 120
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? _____

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

23. Signature Hester Harwell (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 3 Jan 46

35

(Licensed Embalmer's Statement on Reverse Side)

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

249

RECEIVED

District Health Office No. 2,

District File Number 46-109

Date Filed 1-15-46

MAR 25 1946

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 *Bryan Mc Cord*

Licensed Embalmer No. 4079

P. O. Address *Waxler, 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.