

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. **2586**

Registration District No. **107**

Primary Registration District No. **3017.5422**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett Rural**
(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.....
In this community **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Dunklin 35**
(c) City or town **Kennett Rural**
(d) Street No.....
(e) Citizen of foreign country? **No**
If yes, name country.....

3. (a) PRINT FULL NAME **Mary L. Davis**

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

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William E. Davis**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **12 22 1895**
(Month) (Day) (Year)

8. AGE: Years **50** Months Days **23** If less than one day hr. min.

9. Birthplace **Dunklin Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Owens**
13. Birthplace **Dunklin Co Mo**
14. Maiden name **DK**
15. Birthplace **Dunklin Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **William E. Davis**
(b) Address **Kennett Mo # 3**

17. (a) **Burial** (b) Date thereof **I 17 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Ridge Cem**

18. (a) Signature of funeral director **Lentz Und Co**
(b) Address **Kennett Mo**

19. (a) **1-16-1946** (b) **Carl Hubbard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **I** day **14**
year **1946** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **1-12**
1946, to **1-14**, **1946**;
that I last saw h. **u.** alive on **1-14**, **1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary**

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations **106**
Of autopsy.....
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?.....
(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. T. Dempsey** (M.D. or D.O.)
Beaumont Mo Date signed **1-16-46**
Address.....

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

RECEIVED
District Health Office No. 2,
District File Number 246-170
Date Filed 5-4-6

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.....

Licensed Embalmer No.....

P. O. Address.....

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.