

No. 2
1-2-43
5-17-39
I X35697

FILED JAN 29 1946

Registration District No. 3035 Registrar's No. 69

1. PLACE OF DEATH

(a) County Lafayette 54
 (b) City or town Lafayette
 (c) Name of hospital or institution Clinton Street 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Lifetime
 years, months or days

3. (a) PRINT FULL NAME Luella Davis
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased: unknown
 (Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Lexington, Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Retiree

11. Industry or business none

12. Name Andrew Young

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

14. Maiden name Salina Young

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

16. (a) Informant Espinoza Jacques

(b) Address Clinton City, Mo

17. (a) Place: burial or cremation Lafayette, Mo
 (b) Date thereof Dec 17, 1945
 (Month) (Day) (Year)

18. (c) Signature of funeral director _____

(b) Address Lafayette, Mo

19. (a) Date received local registrar 12/17/45 **(b) Registrar's signature** _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Lafayette 54
 (c) City or town Lafayette 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. Clinton Street 2
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
 year 1945 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from called
as acting coroner 19 _____
 that I last saw him alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death:
History of diabetes by
D. S. B. Elder
 Due to pancreatic cancer
Found upon autopsy
 Due to her home above

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

Major findings: 108
 Of operations _____
 Of autopsy no autopsy

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 W. W. North (M. D. or other) _____
Address Clinton City, Mo **Date signed** 12/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100515

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-25-46

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. 4220

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.