No. 2
—8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3413

State File No.

Registration District No. 227 Primary Registration District No. 5806 Registrar's No. 63

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL-SANTA FE, SO. FORK TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SANTA FE, MO. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 54 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

(c) City or town SANTA FE 0
(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 NANNIE MAY DAVIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife PERRY DAVIS

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased MAY (Month) 5, (Day) 1870 (Year)

8. AGE: Years 75 Months 7 Days 23 If less than one day hr. min.

9. Birthplace THOMPSON (City, town, or county) MO. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOSEPH WARD JAMES
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name MARTHA DAVIS
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant PERRY DAVIS
(b) Address SANTA FE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 30, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation SANTA FE MO.

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MISSOURI

19. (a) 12/28/45. (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 28TH year 1945 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 3, 1945 to Dec 28, 1945; that I last saw her alive on Dec 28, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration NK

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. M. [illegible] (M. D. or other)
Address PARIS, MO. Date signed 12/28/45.

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

100647

2 25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-221
Date Filed JAN 26 1948

OCT 6 1950

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 A. S. Blakey

Licensed Embalmer No. 2616

P. O. Address: Paris, Missouri.

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.