

FILED APR 15 1946

Primary Registration District No. 6093

Registrar's No. 67

1. PLACE OF DEATH

(a) County Saline  
(b) City or town Marshall Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State School 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 1925  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie May 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 1  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 1919  
(Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frank Davis  
13. Birthplace unknown 4  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State School

(b) Address Marshall Mo

17. (a) Removal (b) Date thereof 4-3-46  
(Official designation or relationship) (Month) (Day) (Year)

(c) Place: burial or cremation buried in cemetery of Mo. Columbia

18. (a) Signature of funeral director: Harry Heriberg

(b) Address Marshall Mo

19. (a) 3-31-46 (b) Mo. T. Swasey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nowell Co. 97  
(c) City or town Willow Springs  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1946 hour 11.30 minute A M.

21. I hereby certify that I attended the deceased from July 1942 to March 31, 1946  
that I last saw him alive on March 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Wen of Stomach  
Idiot.

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? \_\_\_\_\_

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

23. Signature L. S. James M. D. (M. D. or other) 0  
Address Marshall, Mo Date signed 3-31-46

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

7  
0  
8

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-3-46

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

*Harry Hershberger*

Licensed Embalmer No.

4357

P. O. Address

Marshall, W.V.

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.