

FILED JUN 13 1946
Registration District No. 278

Primary Registration District No. 5784

Registrar's No. 82

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Dorena
(c) Name of Hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mississippi
(c) City or town East Prairie Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARTHA JANE DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Ethel Elmer Davis

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Oct 31 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 27
If less than one day hr. min.

9. Birthplace Water Valley Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Keeping house

11. Industry or business _____

12. Name Hugh Boyd

13. Birthplace Water Valley Ky
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Myrall Johnson

(b) Address East Prairie, MO

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doywood

18. (a) Signature of funeral director Arvid Shelby
(b) Address East Prairie Mo

19. (a) 6-3-46 (b) Leontine H. Harper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from Last year
April 1945, to April 1946
that I last saw h. alive on April 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis
Duration: 3 yrs

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 A. J. Werten (M. D. or other) _____
Address East Prairie Date signed 5/24/46

RECEIVED

District Health Office No. 22

District File Number 696

Date Filed 6-12-41

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.