

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 27 1948
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 77

Registration District No. 294
 Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 207 Ha good
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 207 Ha good
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lula Payne Davis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 20 Jan 1946 to 29 Mar 1946
 that I last saw her alive on 29 Mar 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Marshall Davis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 2nd 1867
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 2 mo.

Due to Chronic Myocarditis 10 yrs.

Due to Cerebral Sclerosis 20 yrs.

Other conditions Cholelithiasis & Cholecystitis
(Includes pregnancy within 3 months of death)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>78</u> | <u>8</u> | <u>27</u> | hr. _____ min. _____ |

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name David Payne

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

14. Maiden name Jeanette Holman

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

16. (a) Informant Mrs V. D Bradsher

(b) Address Clifton Hill Mo

17. (a) Burial (b) Date thereof Mar 31st 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo

18. (a) Signature of funeral director Marian and Son

(b) Address Moberly Mo

19. (a) Apr 1-46 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy _____

93d

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 Paul Williams (M. D. or other) _____
 Address Moberly Mo Date signed 3-31-46

RECEIVED
District Health Officer No. 10
District File Number 5-46-248
Date Filed MAY 23 1948

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 Frank S. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.