S. No. 2
M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19279

Registration District No. 359 Primary Registration District No. 4526 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Sheldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(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 58 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County VERNON
(c) City or town SHELDON
(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 GERTRUDE QUINETTA 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 MARRIED
6. (b) Name of husband or wife GEORGE DAVIS
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased FEBRUARY (Month) 11 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	14	hr. — min.

9. Birthplace MADISON CO. (City, town, or county) OHIO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business GEORGE C. WILCOX
FATHER
12. Name GEORGE C. WILCOX
13. Birthplace (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name LUCITTA HILBRANT
15. Birthplace (City, town, or county) OHIO (State or foreign country)
16. (a) Informant GEORGE DAVIS
(b) Address SHELDON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 27 (Day) 46 (Year)
(c) Place: burial or cremation SHELDON
18. (a) Signature of funeral director L. Gerald Beeny
(b) Address Sheldon, MO
19. (a) May 28, 1946 (Date received local registrar) (b) Ruth Faith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1946 hour 2 am minute M.
21. I hereby certify that I attended the deceased from 2-1-46, 19, to 5-25, 1946 that I last saw her alive on 5-25-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ascites & Myocarditis	
Due to Diabetes &c. Enlarged Liver	
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 G B Bunnish (M. D. or other)
Address Jerico Spring Mo Date signed 5-25-46

550 (Licensed Embalmer's Statement on Reverse Side)

MAR 2 1948

DEC 16 1946

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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Shelby, 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.