. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22621

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: St. Vincent Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

In this community About 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett 1
(If outside city or town limits, write "RURAL")

(d) Street No. 300 Frisco Avenue 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Minet Davis

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William A. Davis

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

7. Birth date of deceased December 17, 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home for Old People

MOTHER FATHER

12. Name Richard August

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

14. Maiden name Ellen Culp

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

16. (a) Informant Bernice Davis

(b) Address 300 Frisco, Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem. Monett Mo

18. (a) Signature of funeral director L. H. Blankenship

(b) Address Monett, Mo.

19. (a) 7-22-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1946 hour 3 minute 03 P.M.

21. I hereby certify that I attended the deceased from March 14 1946 to July 18 1946 that I last saw he was alive on July 18 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchitis	
Precedence	3 days
Due to: Following Gall Bladder operation July 11-1946	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
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 0

23. Signature [illegible] M. D. or other

Address Monett, Mo. Date signed 7-19-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-846
Date Filed AUG 9 - 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. H. Blanscumbip

Licensed Embalmer No. 2397

P. O. Address Monett, 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.