

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED SEP 12 1946  
Registration District No. 284106

Primary Registration District No. 54045420

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town White Oak  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community most of life  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dunklin  
 (c) City or town White Oak  
 (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** Callie Davis  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month August day 3  
 year 1946 hour 2:00 minute \_\_\_\_\_ A.M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife J. W. Davis  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 3 1877  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1946 to Aug 3 1946  
 that I last saw h<sup>e</sup>r alive on Aug 3 1946  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Cancer  
Cervix + Uterus

9. Birthplace \_\_\_\_\_ (City, town, or county) Illinois (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation House work

Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name John Vaughn  
 13. Birthplace unknown 9 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (c) Accident, suicide, or homicide (specify) no  
 (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 \_\_\_\_\_

16. (a) Informant Mrs Marion Rasberry  
 (b) Address Halecomb, Missouri  
 17. (a) Burial (b) Date thereof 8-4-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pine City  
 18. (a) Signature of funeral director Lundess Federal Home  
 (b) Address Camphill, Mo.  
 19. (a) 9-9-46 (b) J. Anderson  
 (Date received local registrar) (Registrar's signature)

23. Signature Paul Redburn (M. D. or other) MD  
 Address Reynolds, Mo Date signed 8-5-46

---

---

**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.....*Christina M. Landess*.....  
Licensed Embalmer No. *4227*.....  
P. O. Address. *Campbell, 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.**