

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30929**
 Registrar's No. **98**

FILED SEP 26 1946
 Registration District No. **500** Primary Registration District No. **3041**

1. PLACE OF DEATH:
 (a) County **Macon**
 (b) City or town **Macon**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Samaritan Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 days** (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **macon**
 (c) City or town **Berlin**
 (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 **JEMIMA Davis**
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **8** day **5**
 year **1946** hour **4** minute _____ P.M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Benjamin Davis** 6. (c) Age of husband or wife if alive **7.7** years
 7. Birth date of deceased: **3-11-1875**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 15** 19**46** to **July 5** 19**46**
 that I last saw her alive on **July 30** 19**46**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Cerebral Hemorrhage** Duration **20 days**

8. AGE: Years **71** Months **4** Days **25** If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace **Knightsville Indiana**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **House wife**

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations **§3A**
 Of autopsy _____

11. Industry or business _____
 12. Name **John T. Jones**
 13. Birthplace **Wales** 4
 (City, town, or county) (State or foreign country)
 14. Maiden name **Selina Charles**
 15. Birthplace **England** 4
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Benjamin Davis**
 (b) Address **Berlin Missouri**
 17. (a) **Burial** (b) Date thereof **8-7-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Richardsdale Cemetery Berlin MO**

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature **M. McNeely** (Att. D. or other) _____
 Address **MO** Date signed **9-4-46**

18. (a) Signature of funeral director **B. Edwards**
 (b) Address **Berlin Mo**
 19. (a) **Sept 4-46** (b) **With McNeely**
 (Date received local registrar) (Registrar's signature)

195 (Licensed Embalmer's Statement on Reverse Side)

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

20780

RECEIVED
District Health Officer No. 10
District File Number 9-46-1764
Date Filed SEP-20-1946

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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Brewer, 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.