No. 2
M—2-43
5-17-39
X35697

31423

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32593

State File No.

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 157

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrain Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hosp. 2 weeks (Specify whether years, months or days)
In this community: 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrain 4
(c) City or town: Vandalia (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1041 Booker (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Gonia Lee Davis
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elmer Davis
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: March (Month) 13 (Day) 1905 (Year)

8. AGE: Years 40 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace: Daley Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Hurley Cannon 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Lena Webster
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Ella Salmon
(b) Address: 1045 Booker - Vandalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 25-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Vandalia Cemetary
18. (a) Signature of funeral director: W. S. Waters
(b) Address: Vandalia, Missouri
19. (a) 10/25/46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 — day 23 year 1946 hour 1 minute 35 A.M.
21. I hereby certify that I attended the deceased from 10-9, 1946 to 10-23, 1946 that I last saw her alive on 10-23, 1946: and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Gastric ulcer — Hemorrhage
Due to: Myocarditis Chronic
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 117A
Of autopsy:

Duration

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: H. J. Geto (M. D. or other)
Address: Mexico, Mo. Date signed: 10-25-46

9

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1946

RECEIVED
District Health Officer No. 10
District File Number 10-46-2054
Date Filed NOV - 8 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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.