V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36241

FILED NOV 26 1946

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 377

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. (Specify whether
In this community 2 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. Bluff St. 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MABEL DAVIS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 1
5. Color or race White
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Stanley Davis
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sept (Month) 22 (Day) 1879 (Year)

8. AGE: Years 67 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Philidelphia (City, town, or county) Penn 1 (State or foreign country)
10. Usual occupation Home Keeper
11. Industry or business
MOTHER FATHER
12. Name Theo. Atcheson 1
13. Birthplace Philidelphia (City, town, or county) Penn (State or foreign country)
14. Maiden name Flora Collins 1
15. Birthplace Melford (City, town, or county) Delaware (State or foreign country)
16. (a) Informant Mrs Norma Maxey
(b) Address Fulton Mo 8
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest Fulton
18. (a) Signature of funeral director Glen G. Manpin
(b) Address 712 Court St. Fulton, Mo.
19. (a) 11-16-1946 (Date received local registrar) (b) Josie Morris Sheff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1946 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from 9/14/46, 19..., to 11/15 1946
that I last saw her alive on 11/15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of rectum with secondary intestinal obstruction — 1 yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death) HBD
Major findings:
Of operations Biopsy in Chicago 2yr ago showed carcinoma of rectum
Of autopsy none

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? 9
While at work? (Specify type of place) (e) Means of injury
23. Signature Henry Dwyer (M. D. or other) M.D.
Address Fulton, Mo. Date signed 11/15/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Glen G. Mangan

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.

RECEIVED
District Health Officer No. 9,
SEP 18 1941