V. S. No. 2
00M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39790

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 408

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

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: State Hospital No 1. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years (Specify whether
In this community Same.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ralls. 14
(c) City or town DK 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DELILAH DAVIS.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased D.K. (Month) (Day) (Year)

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace D.K. (City, town, or county) 7 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name D.K 9
13. Birthplace D.K (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name D.K 9
15. Birthplace D.K. (City, town, or county) 7 (State or foreign country)
16. (a) Informant Hospital records.
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Mo
18. (a) Signature of funeral director Glen Y. Manzin
(b) Address 912 Court Fulton, Mo
19. (a) Dec 20, 46 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 1946 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from 12-17-46, 19, to 12-20, 1946 that I last saw her alive on 12-19-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9+A	
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 R. L. Price M.D. (M. D. or other)
Address Fulton Mo Date signed 12/20/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-23-46

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 Glen G. Maupin

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.