

S. No. 2
M-5-43
7. 5-17-39
p. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4453

Registration District No. 101

Primary Registration District No. 5415

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Mountain Grove (R.F.D.# 2)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Almira Diana Davis

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased April 15 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 6 hr. min.

9. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William Holt 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Elliott
(b) Address Mountain Grove Mo R.F.D.#2
17. (a) burial (b) Date thereof 1/18/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Penner Cemetery

18. (a) Signature of funeral director Wm. A. Ryan
(b) Address Mountain Grove Missouri
19. (a) 2-12-47 (b) Vestab Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Mountain Grove (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. R.F.D.#2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1947 hour 2 minute 2 A. M.

21. I hereby certify that I attended the deceased from 1/7 1947 to 1/17 1947
that I last saw her alive on 1/16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobes pneumonia
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?

While at work? (Specify type of place)
(c) Means of injury
23. Signature Wm. A. Ryan (M. D. or other)
Address Mountain Grove Date signed 1/28-47

834 (Licensed Embalmer's Statement on Reverse Side)

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

no 504 T.

182
3-41

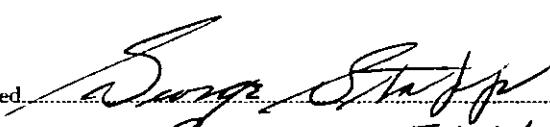
RECEIVED
District Health Officer No. 6;
District File Number 247-282
Date Filed FEB 19 1947

MAR 6 1947

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


Licensed Embalmer No. 5161

P. O. Address Mr. George Stapp

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.