

FILED APR 10 1947

Registration District No. **2497** Primary Registration District No. **3057**

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond
(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 73 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Richmond
(If outside city or town limits, write "RURAL")
 (d) Street No. 129 S. College St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edwena Menefee Davis
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Harry M. Davis
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Nov. 4 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 5
 If less than one day hr. min.

9. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
 12. Name Berrien J. Menefee
 13. Birthplace Collpeper Co. Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Nowland
 15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H.M. Davis
 (b) Address Richmond, Mo.
 17. (a) Burial (b) Date thereof Mar. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director [Signature]
 (b) Address Richmond, Mo.
 19. (a) Mar. 13, 1947 (b) maley jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9
 year 1947 hour 8 minute 15.P. M.

21. I hereby certify that I attended the deceased from May 9 1947 to March 9 1947
 that I last saw her alive on March 9 1947
 and that death occurred on the date and hour stated above

Immediate cause of death Acute Dilatation

Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 95c
 Of operations _____
 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? _____ (c) Means of injury _____
 23. Signature [Signature] (M. D. or N.D.)
 Address Richmond Date 3/12/47

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-10-57

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 [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.