

S. No. 2
M-8-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23059**

Registration District No. **324**

Primary Registration District No. **6082**

Registrar's No. **127**

1. PLACE OF DEATH: **Saline**
 (a) County **Saline**
 (b) City or town **Arrow Rock township Rural**
 (c) Name of hospital or institution:
Napton, Mo. Route No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **All her life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Saline 97**
 (c) City or town **Arrow Rock township, Rural**
 (d) Street No. **Napton, Mo. Route No. 1**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Alice Lavinia Smith Davis**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Thomas J. Davis**
 6. (c) Age of husband or wife if alive, years **7th, 1867**
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 4
 hr. min.

9. Birthplace **Saline county Missouri**
 10. Usual occupation **None**

11. Industry or business _____
 12. Name **John Leonard Smith**
 13. Birthplace **Henry county, Kentucky**
 14. Maiden name **Martha Bootorff**
 15. Birthplace **Jeffersonville, Indiana**

16. (a) Informant **Small House**
 (b) Address **Blackwater, Mo.**

17. (a) **Burial** (b) Date thereof **June 15, 1947**
 (c) Place: burial or cremation **Arrow Rock, Mo.**

18. (a) Signature of funeral director **Donald L. Gray**
 (b) Address **Marshall, Mo.**

19. (a) **June 16 1947** (Date received local certificate)
 (b) Signature **Donald L. Gray** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **11**
 year **1947** hour **10** minute **0** M.

21. I hereby certify that I attended the deceased from **9**
investigated June 11, 1947
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Burned to death in her daughter's home when house burned**
Caught fire accidentally
 Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy **no**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 97**
 (b) Date of occurrence **June 11, 1947**
 (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?

23. Signature **P. L. Lawless** (M. D. or other) **3**
 Address **Marshall, Mo.** Date signed **6-11-47**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

97
88

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-27-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} ~~by me or by~~ _____

^
_____, Registered Apprentice No. _____

working under my personal supervision.

Packed in sawdust, cotton and
cavity fluid.

Signed _____

Licensed Embalmer No. 1171

P. O. Address Manassas 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.