S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23094

Registration District No. 327 Primary Registration District No. 4484 Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT
(b) City or town COMMERCE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County SCOTT
(c) City or town COMMERCE (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME BERTIE GAITHER 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 AUG. (Month) 12. (Day) 1874 (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day hr. min.

9. Birthplace COMMERCE (City, town, or county) Mo. (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOME

FATHER
12. Name JOHN T. GAITHER
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name COLUMBIA DAUGHTERY
15. Birthplace HORNERSVILLE (City, town, or county) Mo (State or foreign country)

16. (a) Informant MRS. C. C. FESLER
(b) Address CAPE GIRARDEAU.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation COMMERCE Mo
18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo
19. (a) 6-16-47 (Date received local registrar) Mrs Addie Held (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 12 minute 30 a.M.

21. I hereby certify that I attended the deceased from June tenth, 1947 to June 14, 1947 that I last saw her alive on June 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Strangulated~~ Hernia Strangulated — Duration 5 days

Due to

Due to 122A

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death) General Arteriosclerosis

Major findings:
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? (e) Means of injury

23. Signature Fred W. Martin DO (M. D. or other)
Address Illmo, Mo Date signed 6-16-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 19[illegible]

RECEIVED
District Health Office No. 2,
District File Number 647-878
Date Filed 6-19-47

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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.