

FILED AUG 20 1947

Registration District No. _____

Primary Registration District No. 4173

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT

FULL NAME Awildia Ellen Davis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Davis 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan 25 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. O. Arnold

13. Birthplace Hew York, N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Huffman

15. Birthplace Laclede County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Morgan

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 5-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) June 6-47 (b) Ustiel Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 22
1946 to May 20 1947
that I last saw her alive on May 16 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to chronic nephritis 2 weeks
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? _____
(Specify type of place) (e) Means of injury 0

23. Signature R M Norman (M. D. or other) MD
Address Ava, Mo Date signed June 5, 47

RECEIVED

District Health Officer No. 6,

District File Number 847-865

Date Filed 8-19-47

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.....

W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Asa Mo

The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with
above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.