

FILED OCT 6 1947

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1515 Tennessee St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County RIKEX 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Lee 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
(b) Name of husband or wife Kenneth F. Davis 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Oct. 7 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Springdale, Pike Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER { 12. Name Walter C. Elliott
13. Birthplace Pike Co. Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Turnbaugh
15. Birthplace Pike Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe R. Calhoun (son)
(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 9/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem. Pike Co. Mo.

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Mo.
19. (a) 9/29/47 (b) Bernice Collier
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27
year 1947 hour 2 minute 10A. M.

21. I hereby certify that I attended the deceased from 9-9-47, 1947 to Sept. 27, 1947
that I last saw her alive on Sept. 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure 3 days
Due to Bronchopneumonia 4 days
monia
DISEASE: Renal Debility ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107 PHYSICIAN
Of autopsy _____ 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 0
23. Signature Chas. T. Lemellen (M. D. number) _____
Address Louisiana, Mo. Date signed 9-29-47

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

82
2
1

RECEIVED

District Health Officer No. 10

District File Number 72-471331

Date Filed OCT - 4 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 *George O. Wagner*

Licensed Embalmer No. *3773*

P. O. Address *Louisiana, 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.