S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1947

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5135

State File No. 37238

Registrar's No. 391

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Qulin "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Ash Hill Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12 0

(c) City or town Qulin "Rural" 0
(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 0

3. (a) PRINT FULL NAME Secrena 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 2

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug. 17 — 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	22	hr. min.

9. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business —

FATHER
12. Name uk. 9
13. Birthplace uk. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name uk. 9
15. Birthplace uk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe Davis 1

(b) Address Qulin Mo "Rural"

17. (a) Burial (b) Date thereof Nov. 11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Qulin Mo

18. (a) Signature of funeral director Landess F. Home

(b) Address Campbell Mo.

19. (a) 11-12-47 (b) R H Mueller
(Date received local registrar) (Registrar's signature) 23

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 9
year 1947 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from June, 1945, to Nov 5, 1947;
that I last saw her alive on Nov 5, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death multiple sclerosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 D	
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 0

23. Signature [signature] (M. D. ~~or other~~)

Address Taylor Bluff Mo Date signed 11-13-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1948

RECEIVED
District Health Office No. 2,
District File Number 1147-1480
Date Filed 11-17-47

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.