

FILED NOV 24 1947

Registration District No. **270**

Primary Registration District No. **4432**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **De Witt Hosp**
(If not in hospital or institution, write street number of house)
(d) Length of stay: In hospital or institution **14** hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Beverly Marie Davis**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **11** (Month) **8** (Day) **17** (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **14** hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Clark Thomas Davis**
13. Birthplace **Hancock Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie Erie Malone**
15. Birthplace **Newburg Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mr. Clark Thomas Davis**

(b) Address **Hancock, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/9/1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Seaton**

18. (a) Signature of funeral director **Fred H. Gilbert**
(b) Address **Dixon, Missouri**

19. (a) **Nov 14 1947** (Date received local registrar) (b) **William C. Buehler** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **8**
year **1947** hour **11:27** minute _____ P M.

21. I hereby certify that I attended the deceased from **Nov. 8**
19 **47**, to **Nov. 9**, 19 **47**;
that I last saw her alive on **Nov. 9**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Prematurity (25 wks. intrauterine)**

Due to: **Rupture of membranes**

Due to: **cause unknown**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **139**
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **William C. Buehler** (M. D. or other) _____
Address **Dixon, Mo** Date signed **11-9-47**

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

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.....

Mavis E. Schierbaum
working under my personal supervision.

Registered Apprentice No. *462*

Signed: *Fred O. Gillers*

Licensed Embalmer No. *2341*

P. O. Address. *Pixou, Missouri*

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.