

No. 2
-1/47
5-17-39

2082

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED JAN 22 1948
Registration District No. 244

Primary Registration District No. 3056

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME ROSE MARIE 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 Single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: Sept. 22nd 1931
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>3</u>	<u>23</u> hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Raymond E Davis

13. Birthplace..... Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Addie E. Davidson

15. Birthplace..... Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Davis

(b) Address Moberly Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-13-48
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Maharajah Ben

(b) Address Moberly Mo

19. (a) 1-17-48
(Date received local registrar)

(b) Paul H. ...
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town RFD Moberly
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 15
year 1948 hour 9 minute 00 A M.

21. I hereby certify that I attended the deceased from JANUARY 12, 1948 to JAN 15, 1948
that I last saw alive on JAN. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, General

Due to Ruptured Appendix

Other conditions Agammaglobulinemia
(Include pregnancy within 3 months of death)

Major findings: Drained only 1-12-48
Of operation too sick to do appendectomy

Of autopsy none

Duration 72 Hours

4 DAYS.

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 true place)

(e) Means of injury.....

23. Signature [Signature] (M. D. or other) no

Address Moberly Mo Date signed 1/16/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 148-10
Date Filed JAN 19 1948

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

Frank S. Nutt

Licensed Embalmer No.

3021

P. O. Address

Moherly 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.