

No. 2
1/47
5-17-39

5349

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED FEB 26 1948

Registration District No.

Primary Registration District No. 5627

Registrar's No. 14

1. PLACE OF DEATH:

(a) County La cles

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

(c) Name of hospital or institution: — / —

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County La cles 53

(c) City or town Orla
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME Pula Helton Davis

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 15
year 1948 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 8 1948
to Feb 8 1948
that I last saw or alive on Feb 8, 1948
and that death occurred on the date and hour stated above.

4. Sex fm 5. Color or race white

6. (a) Single, widowed, married, divorced married

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

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

7. Birth date of deceased Feb 15 1948
(Month) (Day) (Year)

Immediate cause of death Cardiac decompensation

Duration ?

8. AGE: Years Months Days If less than one day

70 4 19 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95C

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

10. Usual occupation house wife

PHYSICIAN

Major findings: not done

Of operations:

Of autopsy: not done

Underline the cause of which death should be charged statistically.

11. Industry or business

12. Name Andrew J. James

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

14. Maiden name unknown

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

16. (a) Informant Mrs Jess Helton

(b) Address Orla

17. (a) Burial (b) Date thereof 2-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

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?

(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 Will Carrington M. D. or other M.D.
Lebanon, Mo Date signed 2/15/48

18. (a) Signature of funeral director W. L. Brown

(b) Address Springfield mo

19. (a) 2/17/48 (b) James B. Leggett
(Date received local registrar) (Registrar's signature)

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

3
0
0

Received 2/24/48
Lacrosse County Health Unit
File No. 2/48/25
Date Filed 2/24/48

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. L. Mc Corm

Licensed Embalmer No. 2722

P. O. Address Springfield 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.