

FILED MAR 25 1948

Registration District No. 87

Primary Registration District No. 3017

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Cooper  
(b) City or town: Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alex Vanhovensway Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 Days. (Specify whether  
All of life (Specify whether  
In this community: \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper 27  
(c) City or town: Boonville  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 616 E. High St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1948 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from March 17, 1948, to March 18, 1948;  
that I last saw h. aw alive on March 18, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 12 hrs.

Due to: Pulmonary Infarct 4 hrs

Due to: Coronary Thrombosis 12 hrs

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: 10<sup>0</sup>

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence: \_\_\_\_\_

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 \_\_\_\_\_

23. Signature: M. L. DeGrauw (M. D. or other) Dr. M. L.  
Address: Boonville Mo Date signed: 2/20/48

3. (a) PRINT FULL NAME Frances Juliette Davis,

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. 495-05-8344

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: January 19 1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: General House work.

11. Industry or business: \_\_\_\_\_

12. Name: Robert Davis,

13. Birthplace: Unknown, 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown, 9  
" (State or foreign country)

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lucy Davis Hale

(b) Address: Houston, Texas.

17. (a) Burial (b) Date thereof: March 21<sup>st</sup> 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Grove Cem.

18. (a) Signature of funeral director: Goodman & Boller.  
(b) Address: Boonville, Mo.

19. (a) 3-20-48 (b) DeGrauw  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed

*3-24-48*

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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 \_\_\_\_\_

*William N. Wood*

Registered Apprentice No. *480*

working under my personal supervision.

Signed \_\_\_\_\_

*G. F. Bolter*

Licensed Embalmer No. \_\_\_\_\_

*3067*

P. O. Address \_\_\_\_\_

*Boonville, 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.