

No. 2  
1/47  
5-17-39

9519

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 9 1948

Registrar's No. 14

Registration District No. 241

Primary Registration District No. 4360

72  
6  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville  
(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 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville  
(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.....

3. (a) PRINT FULL NAME MYRTLE Mae Davis

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1948 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar., 10, 48 to March 23, 48 19...  
that I last saw her alive on March, 23, 48 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Other conditions Nephritis & Anemia  
(Include pregnancy within 3 months of death)

Major findings: Emaciation & jaundice

Of operations.....

Of autopsy No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ronald Mack Davis

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: January 22, 1904  
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 3  
If less than one day hr. .... min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business.....

12. Name Jeff Lowrey

13. Birthplace Washington County, Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Eura Phillips

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

16. (a) Informant E. M. Davis

(b) Address Portageville, Mo.

17. (a) Removal Removal (b) Date thereof 12/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crema Woodlawn Cemetery

18. (a) Signature of funeral director John E. Gurnea

(b) Address Portageville, Mo.

19. (a) 3-29-48 (b) Ellen DeKistler  
(Date received local registrar) (Registrar's signature)

Duration

Due to.....

Due to.....

Other conditions.....

PHYSICIAN

Underline the cause of 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.....

23. Signature A. H. Perkins (M. D. or other).....

Address Portageville, Mo. Date signed Mar-25, 48

RECEIVED

District Health Office No. 2,

District File Number 448-459 462

Date Filed 4-7-28

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 4355

P. O. Address St. Louis, 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.