FILED MAR 24 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11216

Do not use this space.

1. PLACE OF DEATH
(a) County Shelby — Registration District No. 337
(b) Township Salt River — Primary Registration District No. 6145 — Registered No. 23
or
(c) City 1 — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARJARIE JOANN DAVIS
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single ()
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1947
7. AGE YEARS ✓ MONTHS 8 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Mo. ()

FATHER
13. NAME Clarence Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Mo. ()

MOTHER
15. MAIDEN NAME Eunice Kelso
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Mo. ()

17. INFORMANT (ADDRESS) Clarence Davis Shelbyville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE Mar-3-1948
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson Shelbyville, Mo.
20. FILED Mar 16-48 19 Ruth Joyner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-2-, 1948
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1948 to March 2, 1948
I last saw her alive on after Death Date Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-pneumonia	about Feb 28
Other contributory causes of importance: Measles	about " 24

Name of operation ..... Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify ✓
(Signed) H. M. LaFievre, M. D.
(Address) Shelbyville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M ... I X16605

RECEIVED
District Health Officer No. 10
District File Number 3:48:531
Date Filed MAR 22 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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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, above space should be left blank.