S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13722

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: 421 North Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 87 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

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

(d) Street No. 421 N. Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME ANNIE NETTIE DAVIS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased January (Month) 20, (Day) 1861 (Year)

8. AGE: Years 87 Months 3 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name James Hervey Pierce
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Jane Morris
15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Bessie Davis
(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Slope Cem., Richmond, Mo.

18. (a) Signature of funeral director Thurman Funeral Home
(b) Address 627 E. Main, Richmond, Mo.

19. (a) April 24 - 48 (Date received local registrar) (b) Mabel Jackson (Registrar's signature) 9112

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1948 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from [illegible], 19[illegible] to [illegible], 19[illegible]
that I last saw her alive on [illegible], 19[illegible]
and that death occurred on the date and hour stated above.

Immediate cause of death General Cirrhosis

Due to Age

Due to ____

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

Major findings:
Of operations ____
Of autopsy None

Duration

PHYSICIAN
Underline the cause to 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 0

23. Signature [illegible] (M. D. or other) ____
Address [illegible] Date signed [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-5-48

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 William L. Thurman, Registered Apprentice No. 65, working under my personal supervision.

Signed W. L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.