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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 19 1948  
Registration District No. 737

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16123

State File No. ....  
Registrar's No. 100

Primary Registration District No. 4218

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution 209 S. Windsor  
(d) Length of stay: In hospital or institution 15 months  
In this community years, months or days

3. (a) PRINT FULL NAME Mrs. Mattie C. 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 Widowed  
6. (b) Name of husband or wife James F. Davis  
6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased November 22 1874

8. AGE: Years 73 Months 5 Days 15  
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business  
12. Name unknown  
13. Birthplace unknown  
14. Maiden name Rebecca Young  
15. Birthplace unknown

16. (a) Informant Alva Carter  
(b) Address Windsor, Missouri

17. (a) Burial Burial (b) Date thereof 5-9-48  
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Austin Turner  
(b) Address Windsor, Mo.

19. (a) 5-10-1948 (b) R. R. Resney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(d) Street No. 209 S. Windsor  
(e) Citizen of foreign country? NO  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1948 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1946, 19 to Apr - 28, 1948  
that I last saw him alive on Apr 28, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Tuberculosis  
Pneumonia  
Lungs

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?  
(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 H. M. Wall (M. D. or Public Health Officer)  
Address Windsor, Mo. Date signed 5/9/48

RECEIVED  
District Health NO. 7  
District File Number 4-48-526  
Date Filed 5-17-48

JUN 7 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 \_\_\_\_\_

*William M. Turner*

Registered Apprentice No. 470

working under my personal supervision.

Signed \_\_\_\_\_

*William M. Turner*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.