

No. 2
-5-43
-17-39

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18341
Registrar's No. 102

FILED MAY 25 1948

Registration District No. 524

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
578 So. Ellsworth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 49 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 578 So. Ellsworth 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Addie Lee Davis

3. (b) If veteran, name war # 3. (c) Social Security No. #

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wick Davis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17 1870
(Month) (Day) (Year)

8. AGE: 77 Years 6 Months 29 Days If less than one day
hr. min.

9. Birthplace Jonesburg Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Housewife

11. Industry or business ''''

12. Name John P. Martin

13. Birthplace Henry Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Coleman

15. Birthplace Franklin Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Wise

(b) Address Marshall, Mo. R.F.D.

17. (a) Burial (b) Date thereof 5/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. H. H. H. H. H.

(b) Address Marshall, Mo.

19. (a) 5-17-1948 (b) Edw. J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16
Month May day 16
year 48 hour 19 minute A M.

21. I hereby certify that I attended the deceased from June 10
1945 to May 16 1948
that I last saw her alive on May 15 1948
and that death occurred on the date and hour stated above

Immediate cause of death arterial sclerosis 3 yr
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 9
Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address Marshall Date signed 5/17/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-24-48

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.....

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

Signed..... *J. Leslie Swanson*.....
Licensed Embalmer No. 2235.....
P. O. Address Marshall, 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.