

FILED JUN 22 1948

Registration District No. **178**

Primary Registration District No. **5440**

Registrar's No. **94**

1. PLACE OF DEATH:

(a) County **GASCONADE**  
 (b) City or town **"RURAL" CLAY TWP.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1/4 MI. South of CANNAN**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **20 YEARS** (Specify whether years, months or days)  
 In this community **20 YEARS**

3. (a) PRINT FULL NAME **ANNA CATHERINE 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 **FRANK DAVIS** 6. (c) Age of husband or wife if alive **DEAD** years **24** 1868  
 7. Birth date of deceased (Month) **FEB** (Day) **24** (Year) **1868**

8. AGE: Years **80** Months **✓** Days **06** If less than one day **—** hr. **—** min. **—**

9. Birthplace **ROYAL MO MO** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **ISSAC CREEK**  
 13. Birthplace **UNIKOWN** (City, town, or county) (State or foreign country)  
 14. Maiden name **MARY WELLS**  
 15. Birthplace **UNIKOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **THOMAS DAVIS**  
 (b) Address **ROSEBUD MO**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **5-2-1948** (Month) (Day) (Year)

(c) Place: burial or cremation **BLAND UNION CEM.**

18. (a) Signature of funeral director **MILTON H. N. WINTER**

(b) Address **OWENSVILLE MO.**

19. (a) **MAY 2, 1948** (Date received local registrar) (b) **MARY WELLS** (Registrar's signature) (c) **3123**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**  
 (c) City or town **RURAL** (If outside city or town limits, write "RURAL")  
 (d) Street No. **1/4 MI. SOUTH OF CANNAN** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **—**

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **April** day **30** 1948 hour **ABOUT 3** minute **A** M.

21. I hereby certify that I attended the deceased from **✓**, 19 **—**, to **✓**, 19 **—**,  
 that I last saw him alive on **✓**, 19 **—**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **NATURAL CAUSES**

Due to **(FOUND DEAD IN BED)**

Due to **—**

Other conditions (Include pregnancy within 3 months of death) **—**

Major findings: Of operations **—**

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) (c) Means of injury **Coroner**

23. Signature **HUGO ST. BERNARD** (M. D. or other) **Coroner**  
 Address **HEPURNIA MO** Date signed **4/30/48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Filed JUN 21 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.....

HARVEY KAHLE....., Registered Apprentice No. 9  
working under my personal supervision.

Signed Walter H. H. Winter  
Licensed Embalmer No. 3838  
P. O. Address Quensville, 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.