

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25420**

FILED SEP 7 1948

Registration District No. **14**

Primary Registration District No. **5063**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Barlow**  
(b) City or town **Yerdella rural R.R. 1 Jantha Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barlow**  
(c) City or town **Yerdella rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **Jantha R.R. 1** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Dorethy Jane Davis**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug 6 1928**  
(Month) (Day) (Year)

8. AGE: Years **22** Months \_\_\_\_\_ Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **typist**

11. Industry or business \_\_\_\_\_

12. Name **Louis Lewis**

13. Birthplace **Liberal** (City, town, or county) **Mo** (State or foreign country)

14. Maiden name **Phobe Lewis**

15. Birthplace **Jantha** (City, town, or county) **Mo** (State or foreign country)

16. (a) Informant **Louis Lewis**

(b) Address **Jantha Mo**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Sept 31 48** (Month) (Day) (Year)

(c) Place: burial or cremation **Jantha cemetery**

18. (a) Signature of funeral director **J. M. Bandy**

(b) Address **Wellington Kan**

19. (a) **Sept 4 48** (Date registered) (b) **H. H. Lewis** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29** year **1948** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug 9**, 1948, to **Aug 29**, 1948; that I last saw **her** alive on **Aug 31**, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death **cancer of the bronchus** Duration **14 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **J. S. Eddleman** (M. D. or other) **MD**

Address **Liberal Mo** Date signed **Aug 29 48**

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

MOTHER FATHER

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

PHYSICIAN Underline the cause to which death should be charged statistically.

SEP 1 1948

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

FILED SEP 29 1948

Registration District No. 14

Primary Registration District No. 5069

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Santha Rural-Barton Co.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 20 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Santha "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dorothy Jane Davis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 48-321-1328

4. Sex Fe. 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August (Month) 1926 (Year)

8. AGE: Years 22 Months 0 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Secretary

11. Industry or business Murray's Meat & Sausage Office

12. Name Cor. Orla Davis

13. Birthplace Santha Mo. (City, town, or county) (State or foreign country)

14. Maiden name Phoebe Mildred Graves

15. Birthplace Santha Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Tony O. Davis

(b) Address Santha Mo. RR #1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 31, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Santha Mo.  
 (d) Signature of funeral director M. Berkey  
 (e) Address Mulberry Kansas  
 19. (a) Sept 10 48 (Date received local registrar) (b) Helen Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1948 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from July 1948 to Aug 30 1948 that I last saw him alive on Aug 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature DR. Guldner (M. D. or other) Address DR. M. A. R. Date signed 9-9-48

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

MOTHER FATHER

5-25420

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1086  
Date Filed SEP 28 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed J. M. Barber  
Licensed Embalmer No. 2336  
P. O. Address Mulberry Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.