

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

1. PLACE OF DEATH:  
 (a) County Douglas  
 (b) City or town Ava, Rural, Lincoln  
 (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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Rosa Davis

3. (b) If veteran, name war. No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jeff Davis 6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased. 11-3-89  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

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

12. Name Wm. Crawford  
 13. Birthplace Ava, Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Artney Anderson  
 15. Birthplace Ava, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jeff Davis  
 (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof. 8-21-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. Denney

18. (c) Signature of funeral director. Clinkingbeard Funeral  
 (b) Address Ava, Mo. home

19. (a) Sept 16-48 (b) Vestals Bushman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Douglas  
 (c) City or town Ava Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17  
 year 1948 hour 12 minute 35 P.A.M.

21. I hereby certify that I attended the deceased from 6-26  
1948, to 8-16, 1948.  
 that I last saw her ER alive on 8-16, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia  
 Duration \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy nil  
 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 2

23. Signature D. A. Harker (M. D. or other) DO  
Ava Mo. Date signed 8-18-48

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1026  
Date Filed SEP 28 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..... *E a Roof* .....  
Licensed Embalmer No. 3044 .....  
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.