

No. 2
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17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32706

State File No. _____

FILED OCT 26 1948

Registration District No. 167

Primary Registration District No. 4212

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Blairstown
(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 1 yr _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴²
(c) City or town Blairstown ³
(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 Anne Marie Davis

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

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

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

7. Birth date of deceased Feb. 27, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 23 hr. _____ min. 0

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

10. Usual occupation X

11. Industry or business X

12. Name Fromer Lee Davis

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

14. Maiden name Isebel Melcolm Herins

15. Birthplace Polmont, Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Fromer Lee Davis

(b) Address Blairstown, Mo.

17. (a) Burial (b) Date thereof 10/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blairtown Ceme.

18. (a) Signature of funeral director J.W. Cook
(b) Address Chilhowee, Missouri,

19. (a) 10-21-48 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured skull (run over by truck) and died immediately

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

Duration

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) accident 42

(b) Date of occurrence Oct 20, 1948

(c) Where did injury occur? Blairtown, Henry Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Falling Station, north part of Blairtown

(While at work? no) (Specify type of place) (e) Means of injury Truck

(f) Signature R.S. Gallagher, M.D. (g) Address Clinton, Missouri Date signed Oct 20, 1948

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

RECEIVED
District Health Officer No. 7
District File Number 9-49-1233
Date Filed 10-25-48

JUN 13 1949

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. W. Cook*
Licensed Embalmer No. *4335*
P. O. Address *Chilhowee, 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.