

S. No. 2
1-1/47
5-17-39

35301

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 22 1948
Mellies
Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 20

1. PLACE OF DEATH:

(a) County..... Scott

(b) City or town..... Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sikeston General Hospital

(d) Length of stay: In hospital or institution..... 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Scott

(c) City or town..... Sikeston
(If outside city or town limits, write "RURAL")

(d) Street No. 414 Fletcher
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Amos E. Davis

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 10 day..... 11
year..... 1948 hour..... 9 minute..... AM

21. I hereby certify that I attended the deceased ~~on~~ on Oct 1 48
19..... to death..... 19.....
that I last saw him alive on 11 Oct 48
and that death occurred on the date and hour stated above.

5. Color or race..... M O W

6. (a) Single, widowed, married, divorced..... M /

6. (b) Name of husband or wife..... Katherine Davis

6. (c) Age of husband or wife if alive..... 54 years

7. Birth date of deceased..... 11 9 1889
(Month) (Day) (Year)

Immediate cause of death.....
Auricular fibrillation

Due to.....
Myocarditis, Ch, Progressive Rheumatic endocarditis

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

8. AGE:

Years	Months	Days	If less than one day
58	11	2	hr. min.

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

9. Birthplace..... Jackson Co. Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Restaurant Operator

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.....

23. Signature..... Charles J. Harris (M. D. or other)
Address..... Sikeston Mo Date signed 13 Oct 48

MOTHER FATHER

11. Industry or business.....

12. Name..... Henry Davis

13. Birthplace..... Randolph Co. Ill. /
(City, town, or county) (State or foreign country)

14. Maiden name..... Laurabelle King

15. Birthplace..... Randolph Co. Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Katherine Davis

(b) Address..... Sikeston, MO Gen'l Del.

17. (a) Burial (b) Date thereof..... 10/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sikeston, Mo.

18. (a) Signature of funeral director..... H. W. Albritton

(b) Address..... Sikeston Mo.

19. (a) 10-18-48 (b) Mrs P. F. Henry
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2

District File Number 10-48-1325

Date Filled 10-21-48

8561 2 1958

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 John Allerton
Licensed Embalmer No. 2941
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.