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5-43  
7-39  
X36671

FILED DEC 2 1948  
Registration District No. 7

Primary Registration District No. 2008

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
Callaway County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days  
13 Days (Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

3. (a) PRINT FULL NAME Lucy Booth 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 Married

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

7. Birth date of deceased Oct. 5 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	1	19	hr. _____ min. _____
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9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Steve Wright Booth

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

14. Maiden name Mary Smith

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

16. (a) Informant Mr. Monroe Davis

(b) Address Warsaw, Missouri

17. (a) Burial (b) Date thereof 11-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Baptist Cem.

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 11-26-1948 (b) Joan Morankoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1948 hour 11 minute 4 M.

21. I hereby certify that I attended the deceased from Nov 12, 1948, to death, 1948  
that I last saw her alive on Nov 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompens Duration 2 wks

Due to Myocardial Degeneration?

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)

(e) Means of injury \_\_\_\_\_

Signature John J. Brown (M. D. or other) 26

Felton Address Date signed 11-26-48

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

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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

*Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address

*Hulton, 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.**