

U.S. Department of Health, Education and Welfare  
National Office of Vital Statistics  
**FILED NOV 23 1948**

Registration District No. **382**

Primary Registration District No. **4228**

Registrar's No. **23**

1. PLACE OF DEATH:  
(a) County **HOWARD**  
(b) City or town **GLASGOW**  
(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 **1 yr 5 mo.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri**, County **Howard** **45**  
(b) City or town **Glasgow** **2**  
(If outside city or town limits, write "RURAL")  
(c) Street No. **1**  
(If rural, give location)  
(d) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY WALTER DAVIS**  
(b) If veteran, \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

20. DATE OF DEATH: Month **Nov** day **11**  
year **1948** hour **6** minute **15 P.M.**  
21. I hereby certify that I attended the deceased from **Nov 9**, 19**48** to **Nov 11**, 19**48**  
that I last saw her alive on **Nov 9**, 19**48**  
and that death occurred on the date and hour stated above.

4. Sex **Female** <sup>3</sup> Color or race **negro**  
5. (a) Single, widowed, married, divorced, **single**  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
6. Birth date of deceased: **JULY 10 1907**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Hypertension**  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **82 W**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**41 4 1** hr. min.

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

10. Usual occupation **House work**

11. Industry or business **Home**

12. Name **Walter Davis**

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

14. Maiden name **Elizabeth Davis**

15. Birthplace **Magrew Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell Davis**

(b) Address **Haytesville Mo.**

17. (a) **Buried** (b) Date thereof **Nov 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chariton County**

18. (a) Signature of funeral director **Wendley-Frisvold**

(b) Address **Glasgow Mo.**

19. (a) **11-12-48** (b) **Wesley Wadley**  
(Date received local registrar) (Registrar's signature)

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)  
Place at work? \_\_\_\_\_ (e) Means of injury **3**  
23. Signature **Dr. H. L. ...** (M. D. or other) **Dr.**  
Address **Glasgow Mo.** Date signed **11-12-48**

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

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

MOTHER FATHER

NOV 23 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

*J. Walker Audley*

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.