

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42198

Registration District No. 240 Primary Registration District No. 6151 State File No. _____ Registrar's No. 74

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town St. L. (Rural)
(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 Mary Fay Davis
3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex F 3 5. Color or race col. 6. (a) Single, widowed, married, divorced 5 0
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased 11 21 1948
(Month) (Day) (Year)

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

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

10. Usual occupation nil

11. Industry or business nil

12. Name Annis Davis

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

14. Maiden name Emma Eaton

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

16. (a) Informant Annis Davis
(b) Address Lavalle, Mo.

17. (a) Burial (b) Date thereof 12 16 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catron Cem.

18. (a) Signature of funeral director none
(b) Address

19. (a) 12-21-48 (b) Deloris V. Jenkins
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard
(c) City or town Lavalle 10.3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 14
year 1948 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from Nov 21
1948 to Dec 14 1948.
that I last saw her alive on Dec 14 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 159

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) (c) Means of injury 0
23. Signature D. Groh Husted (M. D. or other)
Address Parma, Mo. Date signed 12/15/48

RECEIVED

District Health Office No. 2

District File Number 1228-1725

Date Filed 12-22-88

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.....

Licensed Embalmer No.....

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.