FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1949

Registration District No. 43

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 376

Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Ten Days (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Victoria E. 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: Fred
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Feb (Month) 10 (Day) 1897 (Year)

8. AGE: Years 50 Months 10 Days 27 If less than one day hr. min.

9. Birthplace: Sturdivant (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Work,
11. Industry or business:
FATHER 12. Name: A.F. Watkins,
13. Birthplace: Sturdivant (City, town, or county) Missouri, (State or foreign country)
MOTHER 14. Maiden name: Ellen Stepp.
15. Birthplace: Sturdivant (City, town, or county) Missouri, (State or foreign country)
16. (a) Informant: Fred Davis,
(b) Address: Puxico Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 9 - 49 (Month) (Day) (Year)
(c) Place: burial or cremation: Puxico Cemetary
18. (a) Signature of funeral director: Watkins Service
(b) Address: Puxico Missouri,
19. (a) 1-11-49 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1949 hour Two minute P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1948 to Jan 7, 1949 that I last saw her alive on Jan 7, 1949 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Carcinoma of the liver and pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Poplar Bluff Mo Date signed 1-10-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 149
Date Filed 1-17-

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.