

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH #215

State File No. 4711
Registrar's No. 59

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 6519

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY OR TOWN Brownington		c. CITY OR TOWN Brownington	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) NAOMA		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1949	
5. SEX FEMALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 25, 1857	
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Solomon Davis		13b. MOTHER'S MAIDEN NAME Mary Lee	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John Mc Cluge	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Myocardial Infarction II. OTHER SIGNIFICANT CONDITIONS Paralytic Stroke	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. INTERVAL BETWEEN ONSET AND DEATH _____		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Henry Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Sept 12, 1948, to March 5, 1949, that I last saw the deceased alive on March 4, 1949, and that death occurred at 9-40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Dr. C. L. Townsend M.D.		23b. ADDRESS 2 Dupont Ave. Missouri	
23c. DATE SIGNED 9-5-48		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Bethelham Cemetery	
24d. LOCATION (City, town, or county) (State) Henry Missouri		25. FUNERAL DIRECTOR'S SIGNATURE F. L. Schaefer	
25. ADDRESS Clinton Mo		DATE REC'D BY LOCAL REG. 3-5-49	
REGISTRAR'S SIGNATURE Florence Adair		ADDRESS _____	

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

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JUN 22 1949

RECEIVED

District Health Officer No.

District File Number 2-49-2

Date Filed 3-14-49

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.....

none

Student Embalmer No. *none*

working under my personal supervision.

Signed *none*.....
Student Embalmer

Signed *Francis Lee Scheley*

Licensed Embalmer No. *4513*

P. O. Address *Clinton 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.