S. No. 300
v. 10.48

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11992

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 24

36
3
0

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Clair
c. LENGTH OF STAY (in this place): 59 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin 36
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Clair 3
d. STREET ADDRESS (If rural, give location): 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Ellen
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1949

5. SEX: Fem. /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Aug. 8, 1856
9. AGE (In years last birthday): 92 — If under 1 year: Months 8, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Hone
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jordan ~~Davis~~ Glenn
13b. MOTHER'S MAIDEN NAME: RachelTaylor
14. NAME OF HUSBAND OR WIFE: Ira S. Davis (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Leona Markley
ADDRESS: St Clair

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: six mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Inanition — 1 yr
DUE TO (c): Senility — 1947

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 7824

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 28, 1939, *to* April 16th, 1949, *that I last saw the deceased alive on* April 16, 1949, *and that death occurred at* 8 p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Briegleb M.D.
23b. ADDRESS: St. Clair, Mo
23c. DATE SIGNED: Apr 17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/19/49
24c. NAME OF CEMETERY OR CREMATORY: L.O.O.F. Ceme.
24d. LOCATION (City, town, or county) (State): St. Clair, Missouri

DATE REC'D BY LOCAL REG.: 4-18-1949
REGISTRAR'S SIGNATURE: E. L. Worthington 96
25. FUNERAL DIRECTOR'S SIGNATURE: Casey Russell
ADDRESS: St Clair, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
MAY 11 1949
Date Filed

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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed _____
Student Embalmer

Signed [illegible]
Licensed Embalmer No. 4520

P. O. Address [illegible]

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.