

STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1949

State File No. 40722

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 71

1. PLACE OF DEATH Home King City Mo. a. COUNTY Gentry.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		c. LENGTH OF STAY (in this place) 20 Yr.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <del>XXXXXXXXXXXXXXXXXXXX</del>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Rosetta b. (Middle) Francis c. (Last) Davis			4. DATE OF DEATH (Month), (Day) (Year) 11. 26. 1949
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9.16.1879
9. AGE (In years last birthday) 70		10. MONTHS 2	11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houswork		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Brown	
13b. MOTHER'S MAIDEN NAME Emma A Rolston		14. NAME OF HUSBAND OR WIFE LeRoy Davis.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME LeRoy Davis		ADDRESS King City Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <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 11-27-49, 1949, to 11.26., 1949, that I last saw the deceased alive on 11-24, 1949, and that death occurred at 10:20 PM, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) S. Blackwell, M.D.		23b. ADDRESS King City, Mo.	
23c. DATE SIGNED 11.29.49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11.29.49		24c. NAME OF CEMETERY OR CREMATORY Highridge	
24d. LOCATION (City, town, or county) (State) Stanberry Mo.		25. FEDERAL DIRECTOR'S SIGNATURE R. G. Maggart	
DATE REC'D BY LOCAL REG. Dec 5-49		REGISTRAR'S SIGNATURE Mrs. Edith Leheldo	

King City Mo



**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.

Student .....  
Student Embalmer

Signed

*R. G. Taggart*

Licensed Embalmer No. *2563-*

P. O. Address *Springfield, 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.