

FILED APR 10 1942 347

Registration District No.

Primary Registration District No. 3018

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether life)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 042
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. Water & Mill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ERMA LOUISE DAVIS

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 3. 5. Color or race B 6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased FEB 25/42/1942
(Month) (Day) (Year)

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

9. Birthplace Clinton MO
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name James A. Davis

13. Birthplace Henry MO
(City, town, or county) (State or foreign country)

14. Maiden name Rosalee J. Avery

15. Birthplace Clinton MO
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Davis

(b) Address Water & Mill

17. (a) Burial (b) Date thereof 3 10 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colored Cemetery

18. (a) Signature of funeral director Spars & Post

(b) Address Clinton Mo

19. (a) March 10 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) J. X.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th
year 42 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb 25 1942 to March 10 1942
that I last saw her alive on March 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senescence Duration 13 days

Due to —

Due to —

Other conditions none
(Include pregnancy within 3 months of death) 159

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature J. B. Hughes (M. D. or other) J. D.

Address Clinton, Mo. Date signed Mar 10/42

RECEIVED

District Health Officer No. 71

District File Number 4-42-474

Date Filed 4-7-42

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.

Not Embalmed

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.