

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27833

Registrar's No. 131

Registration District No. 19

Primary Registration District No. 4213

42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Montrose
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Montrose
(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 Sharon Kay Davis

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

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Mar 24 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 8 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Davis

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

14. Maiden name Katherine Miller

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

16. (a) Informant Katherine Davis

(b) Address Montrose MO

17. (a) Burial (b) Date thereof Aug 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City MO

19. (a) August 9, 1944 (b) Georgie Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 12-17, 1943, to 8-2, 1944; that I last saw her alive on 8-2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: congenital patent foramen ovale

Duration
16 mo

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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)

23. Signature W. E. Baggerly (M. D. or other) MD

Address Montrose MO Date signed 8-4-44

RECEIVED

District Officer No. 7,

District No. 8-44-1041

Date Filed 9-11-44

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 me

on the 9th day of Aug 1944

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City - W

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.