

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 22 1945 STANDARD CERTIFICATE OF DEATH

STATE BOARD OF HEALTH OF MISSOURI

State File No. **33839**

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 148

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: not in hospital
(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 Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. North 4th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Mae Davis

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

4. Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased 9 3 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daisy Jewell

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

14. Maiden name Elnora Jewell

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

16. (a) Informant Rayd Davis

(b) Address Jensen City MO

17. (a) burial (b) Date thereof 9 22 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Claret Cemetery - Clinton MO

18. (a) Signature of funeral director Steele & Son

(b) Address Clinton MO

19. (a) Sept 22 45 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to Sept 19 1945
that I last saw her alive on Sept 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis Duration 30 min
Due to Cardiovascular disease unknown

Due to _____
Other conditions (include pregnancy within 3 months of death) none

Major findings: Of operations negative Of autopsy no
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) no
(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?

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

23. Signature S. D. Taylor (M. D. or other) MD
Address Clinton MO Date signed 9/22/45

1452

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DATE

Date Recd

No. 7,

9-45-1032

10-19-45-

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed: W. J. Varrant
Licensed Embalmer No. 3779
P. O. Address Clinton

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.