

**FILED APR 10 1946**

Registration District No. **137**

Primary Registration District No. **3023**

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:  
**200 W. Rogers 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) **79 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 42**  
(c) City or town **Clinton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **506 S 3rd St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ALICE, ELKIRA DAVIS**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **Columbus E. Davis** 6. (c) Age of husband or wife if alive **dead** years  
7. Birth date of deceased **Nov - 1 - 1866**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **13** If less than one day hr. min.

9. Birthplace **Henry Co Mo 11**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Richard Carland**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hancy Francis Edwards**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Castney Ewing Davis**

(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **3-16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Prosser + Peck**

(b) Address **Clinton Mo**

19. (a) **3-15-46** (b) **R. P. Kenney**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **14**  
year **1946** hour **7** minute **A** M.

21. I hereby certify that I attended the deceased from **2/26** 19**46** to **3/14** 19**46**  
that I last saw her alive on **3/13** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Leukaemia**

Due to **Chronic Valvular Endocarditis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92d**

Of autopsy

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 name of place) (b) Means of injury **D**

23. Signature **Ed. C. Peck** (M. D. or other)  
Address **Clinton Mo** Date signed **3/15/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 8-46-331

Date Filed 4-9-46

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**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.

Signed.....

Licensed Embalmer No. 1891

P. O. Address..... Clinton 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.**