

**FILED JUN 20 1948**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3023**

Registrar's No. **118**

**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:  
**Clinton General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
In this community **30 years**  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Henry - 42**  
(c) City or town **Deepwater MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ginnie Davis**

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

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

6. (b) Name of husband or wife **Charley Davis** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **May 8 1884**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **2** If less than one day hr. min.

9. Birthplace **Vernon County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

**11. Industry or business**

MOTHER FATHER  
12. Name **Willard Smith**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley Davis**  
(b) Address **Deepwater MO**

17. (a) **Burial** (b) Date thereof **June 12-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maplewood Cem.**

18. (a) Signature of funeral director **Jan H. Smith**  
(b) Address **Deepwater MO**

19. (a) **6-14-48** (b) **R. R. Hensley**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **10th**  
year **1946** hour **12** minute **30 PM**

21. I hereby certify that I attended the deceased from **9-June** 19**46**, to **10 June** 19**46**  
that I last saw her alive on **10-June** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute endocarditis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: **g/lr**  
Of operations \_\_\_\_\_  
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 type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Jan H. Smith** (M. D. or other) **0**  
Address **Clinton MO** Date signed **11-2-48**

Duration

**7 days**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

DEC 24 1946

RECEIVED  
DATE  
5-46-614  
6-19-46

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 Jam Hucat

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.