

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43168
Do not use this space.

DEC'D JAN 14 1939

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township S. 10 N. 12 E. 12 S. Primary Registration District No. 5440 Registered No. 1003
 (c) City Springfield, Mo. (d) Street No. Clark, Osteopathic Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

12A Fannie Adeline Davis
 (a) Residence, No. Clever, Mo St. Clever Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Rose Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER 13. NAME unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Martin Little
Clever, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Whee Hill DATE Dec 24 - 38

19. FUNERAL DIRECTOR (ADDRESS) J. H. Maples
Clever, Mo.

20. FILED Dec 23 1938 Chas A George No. 290 (Address) Springfield Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1938, to Dec. 23 1938.
 I last saw her alive on Dec. 23 1938. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Fracture of Hip (Left)
186
 Date of onset 11
 Other contributory causes of importance: General debilitation

Name of operation Setting of Hip Date of Dec 12 1938
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Dec 23 1938
 Where did injury occur? In her home Clever Mo.
 (Specify city or town, county, and State) Mo.
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall (accidental)
 Nature of injury fracture of Hip (Left)

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) William P. Hays, M.D.
Springfield Mo.

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples., Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. H. Maples
Licensed Embalmer No. 2985

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.)