

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

36080
 Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. 545 W. Division 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 Arae N. Davis

(a) Residence, No. 545 W. Division St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Chas P. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 66 2 7

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) Bell Creek
 (STATE OR COUNTRY) Towns County Ga.

13. NAME James Walker

14. BIRTHPLACE (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Owen

16. BIRTHPLACE (CITY OR TOWN) North Carolina or Georgia
 (STATE OR COUNTRY)

17. INFORMANT A. R. Davis
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hazelwood DATE Oct. 22 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED Oct 23 1939 Chas. H. George Local Registrar
 (Address) 450 E. Canal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to Oct. 20, 1939

I last saw her alive on Oct. 19, 1939. Death is said

to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver 7/12
Pericardial aneurysm 5/12

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chromosomal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Arthur O. Knabb, M. D.

(Address) 450 E. Canal

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

Signed *M. L. Conady*
.....

Licensed Embalmer No. *3434*
.....

P. O. Address *Springfield*
.....

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, above space should be left blank.

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