

FILED APR 22 1940

Registration District No. **278**

Primary Registration District No. **2001**

39
3
6

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1223 N. Campbell **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 34 years
years, months or days 1 A.M.

8. (a) PRINT FULL NAME ALICE CHRISTINA DAVEY

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

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

6. (b) Name of husband or wife Fred Davey 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 25 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Idalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Photenbauer
13. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline C. Shultz
15. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Davey

(b) Address 1223 N. Campbell Springfield

17. (a) Burial (b) Date thereof March 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director H. E. Phisome

(b) Address Springfield Mo.

19. (a) 3/1/40 (b) Chas. D. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 N. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1940 hour 6:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-25-39
19____, to 3-1 1940

that I last saw her alive on 2-29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning
To liver & other abdominal structures

Due to Onset of symptoms Nov. 1939

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach & metastasis
Of operations stomach-potential wall infilt.
Of autopsy _____

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) _____

(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 H. E. Phisome (M. D. or other) 1
Address Springfield Mo. Date signed 3-1-40

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.....

R. Attene

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, 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, above space should be left blank.

X