

Registration District No. _____

Primary Registration District No. 4388

Registrar's No. 58

EXPIRES JUL 15 1940

1. PLACE OF DEATH:
 (a) County Demiseat
 (b) City or town Southersville
 (c) Name of hospital or institution: Schute Road
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community all life
 years, months or days)

8. (a) PRINT FULL NAME Maggie May Davis
3. (b) If veteran, name war X
8. (c) Social Security No. none

4. Sex Female **5. Color** Black **6. (a) Single, widowed, married,** Single
6. (b) Name of husband or wife X **6. (c) Age of husband or wife if** X years
7. Birth date of deceased May 27, 1940
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 15 If less than one day
 hr. min.

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

10. Usual occupation X

11. Industry or business !
12. Name Joe Harry Davis
13. Birthplace Stearns, Miss
 (City, town, or county) (State or foreign country)
14. Maiden name Maggie Lou Wright
15. Birthplace Southersville, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Garley Wright
(b) Address Southersville, Missouri

17. (a) Burial **(b) Date thereof** 6/12/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Southersville, Mo

18. (a) Signature of funeral director La Targeted Co
(b) Address Southersville, Mo

19. June 13, 1940 **(b) Ada Martin**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Demiseat
 (c) City or town Southersville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Schute Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
 year 1940 hour 12 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 8
 _____, 1940, to June 12, 1940
 that I last saw him alive on June 11, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
 Due to Berth Dupuy
 Due to _____
 Other conditions: 16 1/2
 (Includes pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy none

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?
585
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature Ed Carter (M. D. or other) 12/13/40
Address Southersville, Mo Date signed 6/17/40

Duration 2.6 hr
2.6 hr
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

7-40-22

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 _____

NOT EMBALMED

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.