

S. No. 2
-11-10-39
5-17-39
P-I X21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27909

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischer State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 15 days
years, months or days)

3. (a) PRINT FULL NAME MARY JANE DAVIS 170

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Tom Davis 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 15 1976
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Strasburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name William Kirk Bauer

13. Birthplace Pennsylvania Penna
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Wilson Summs

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Columbia, Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-40
(Month) (Day) (Year)

(c) Place: burial or cremation Duncan Cem.

18. (a) Signature of funeral director W. Goodman

(b) Address Holden Mo.

19. (a) 8/6/40 (Date received by registrar) (b) Allie Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Johnson
(c) City or town Holden Rural.
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1940 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7-22, 1940, to 8-6, 1940
that I last saw her alive on 8-6, 1940:
and that death occurred on the date and hour stated above.

Immediate cause of death

Cholecystitis + cholelithiasis
Biliary obstruction
Excisional laparotomy
Carcinoma of gallbladder
Due to

Other conditions (Include pregnancy within 3 months of death) 4-6

Major findings: Of operations Cholelithiasis

Of autopsy Cholelithiasis; Biliary obstruction; Carcinoma of gallbladder

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?

74 (Specify type of place)

While at work? (a) Means of injury

23. Signature E E Royce (M. D. or other) 166

Address Ellis Fischer Hosp Columbia Mo. Date signed 8-6-40

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

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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 Samuel B. Royce

Licensed Embalmer No. 4044

P. O. Address Holden 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.