

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.

Registration District No. 125

Primary Registration District No. 3089

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town "
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Dorothy M. Davis
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 2 - 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 8 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Leon Davis
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Nell Mueller
15. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mary Mueller

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Oct 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount, local

18. (a) Signature of funeral director Walters Und. Soc

(b) Address Cape Girardeau Mo

19. (a) 10-13-40 (b) J M Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 414 Good Hope Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 19 Yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1940 hour 4:30 & 5 A. M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration _____
I Coroner E.R. Trickey after hearing the evidence in the case, find that Due to the deceased Miss Dortha Davis came to her death by drowning her self in the Mississippi River.

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

Major findings: _____
Of operations _____
Of autopsy None

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) Suicide

(b) Date of occurrence Oct 6th 1940

(c) Where did injury occur? in Missinipi River
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Barquette Ceament Loading Dock

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. R. Trickey Coroner (M.D. or other) 5
Address 48 Pacific Life Bldg Date signed Oct 14

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.....

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.