

No. 2
4-13-40
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K 22715
FILE

JAN 25 1941

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
409 Bal-Whi-Mo. Court.
(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 Serena Evaline Davis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E.H. Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 26, 1858
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	5	1	hr. _____ min. _____

9. Birthplace Glenwood Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____
12. Name Samuel Minear
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Rhodes
15. Birthplace W.Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O.L. Scott
(b) Address Sedalia, Mo.
17. (a) Burial (b) Date thereof Dec. 29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood, Mo.
Gillespie Funeral Home
18. (a) Signature of funeral director _____
(b) Address Sedalia, Mo.

19. (a) 12-28-40 (b) Mrs. Harry Sheel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Bal-Whi-Mo Court.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27
year 1940 hour 3:30 minute 0 M.
21. I hereby certify that I attended the deceased from Nov 15th
19 40 to Dec 27, 19 40
that I last saw h. er alive on Dec 27, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia -
Due to Ch. Myocarditis 12/1 ?
Ch. Int. Nephritis 1/1 ?
Due to _____
Other conditions Ch. Arterio Sclerosis ?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None.
Of operations _____
Of autopsy No -
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) No.
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No.
While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature John Carlisle M.D. (M. D. or other) _____
Address Sedalia Mo Date signed 12-29-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-41

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 Geo. D. Clair

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, fact should be so stated above.