

71 MAP 19 1941-38
Registration District No.

Primary Registration District No. 3028

Registrar's No. 17

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(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 (years, months or days)

3. (a) PRINT FULL NAME Ellen Graves 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 Widow
6. (b) Name of husband or wife Robert Newton Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 22 1864
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____
MOTHER FATHER { 12. Name Claniel Luther Glavin
13. Birthplace East Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Sims
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ina Davis Laycock
(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof Feb 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director E. J. Webb
(b) Address Fredericktown Mo

19. (a) Feb 11 - 1941 (b) S. C. S. Campbell
(Date received local registrar) (Registrar's signature)
By G. A. B. [unclear]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(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 Feb day 11
year 1941 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 1, 1941, to Feb 11, 1941; that I last saw her alive on Feb 10 - at 10 P.M., 1941; and that death occurred on the date and hour stated above.

Immediate cause of death - Paralysis Duration _____
Due to Auto cranial Hemorrhage
Due to _____
Other conditions (Include pregnancy within 5 months of death) g 3 1/2

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
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? 4 7 1
While at work? ✓ (Specify type of place) (e) Means of injury _____
23. Signature M. B. Barber (M. D. certifier)
Address Fredericktown Mo (Post office and street)

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

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.

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.....

Myron A. LaPee, Registered Apprentice No.....
working under my personal supervision.

Signed *Myron A. LaPee*
Licensed Embalmer No. *4085*
P. O. Address *Fredensborg*

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.