FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16185

Registration District No. 896 Primary Registration District No. 4542 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Marshfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Marshfield (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Mina Arsella Davis
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Sept. (Month) 24 (Day) 1865 (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Massachusetts (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Sylvester Graves
13. Birthplace Massachusetts (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Allen
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Marshfield
18. (a) Signature of funeral director Rex Rainey
(b) Address Marshfield, Missouri
19. (a) April 15 41 (Date received local registrar) (b) Elizabeth Highfire (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 4 minute p. M.
21. I hereby certify that I attended the deceased from February 19, 1941, to March 1, 1941, that I last saw her alive on Feb. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, Lobar	2/19/41
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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? (Specify type of place)
(e) Means of injury
While at work? 824
23. Signature C. R. Macdonnell (M. D. ~~or other~~) M.D.
Address Marshfield, Mo Date signed 3/1/41

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

RECEIV
District
District File 541-807
Date Filed MAY 15 1941

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 Lex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield

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.