

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Rural Union Township
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Rebecca Elizabeth 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 Married

6. (b) Name of husband or wife John Henry Davis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 17, 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 22 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Ervin Burnett

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

14. Maiden name Martha Ann Patton

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

16. (a) Informant John H. Davis

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 5/11/1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 95
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Dixon, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
 year 1941 hour _____ minute 3:30 P.M.

21. I hereby certify that I attended the deceased from may 1st
 1941 to may 9 - 41
 that I last saw her alive on may 8th, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

BronchoPneumonia

Due to measles

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? _____

639 _____ (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature A. J. Bridges (M. D. or other) 0

Address Dixon, Mo. Date signed 5-10-41

RECEIVED

Pulaski County Health Officer.

File Number 64110

Date Filed 6-12-41

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.....

May 9, 1941

....., Registered Apprentice No.

working under my personal supervision.

Signed

Rud. O. Glass

Licensed Embalmer No. 2341

P. O. Address Dixon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18772

Registration District No. 711

Primary Registration District No. 5940

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 9
year 1941 hour _____ minute _____ M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced u
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

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 _____

8. AGE: Years Months Days If less than one day
64 3 22 _____ hr _____ min.

Due to _____
Due to _____

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____ (State or foreign country) _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug. 7 1941 (b) A. S. Lick
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature A. J. Crider (M. D. or other) _____

Address Dixon Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-18772 1941