No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22136

State File No.

Registration District No. 5-81 Primary Registration District No. 5-718 Registrar's No.

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural Russell
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Winifred 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 Single
6. (b) Name of husband or wife Evan Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 6th 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 15 If less than one day hr. min.

9. Birthplace New Cambria Mo. O (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Morgan Thomas
13. Birthplace Ohio / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jane Thomas
15. Birthplace Ohio / (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Bevan
(b) Address New Cambria, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Cambria, Mo. Cem.
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo.
19. (a) 5-23-1941 (Date received by local registrar) (b) J. G. Hackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1941 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from May 21, 1941, to May 21, 1941, that I last saw her alive on May 21, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	10 min
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: no	

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. D. West (M. D. or other) O
Address New Cambria Mo. Date signed May 26-1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1210
Date Filed JUN 25 1941

Ines Dowell 5.00

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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

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