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26390

FILED OCT 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. 32687  
Registrar's No. 141

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:  
 (a) County Saline  
 (b) City or town Marshall  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 615 N. Jefferson  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community about 30 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Saline  
 (c) City or town Marshall  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 615 N. Jefferson  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah E. Davis  
 (b) If veteran, name war X  
 (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 22  
 year 1941 hour 6 minute 45 P.M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife James E. Davis  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Feb. 11 1853  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1941 to Sept 4 1941  
 that I last saw her alive on Sept 3 1941  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
88 6 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Cardio. Rrenal  
 Due to Senility  
 Due to \_\_\_\_\_

9. Birthplace Grange County, Tenn.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name Unknown  
 15. Birthplace \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
1318

16. (a) Informant W.A. Davis  
 (b) Address Marshall, Mo.  
 17. (a) Burial (b) Date thereof 9/6/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ridge Park Cem.

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? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? none

18. (a) Signature of funeral director J. Leeb  
 (b) Address Marshall, Mo.  
 19. (a) 9-5-41 (b) Mary Kent  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury none  
 23. Signature Robert M. ... (M.D. or other)  
 Address Marshall, Mo. Date signed 9-5-41

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-14-41

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

Licensed Embalmer No.

P. O. Address

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.