

FILLED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35341

Registration District No. 447

Primary Registration District No. 5612

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Morgan - Mo - Rural Washington
(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 91 years (Specify whether

In this community 91 years years, months or days)

3. (a) PRINT FULL NAME HANNA CATHERINE DAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

7. Birth date of deceased Jan 31 1850 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 8 26 hr. min.

9. Birthplace Laclede Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Adlain Lowrance

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

14. Maiden name Elizabeth O'Sell

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

16. (a) Informant Mrs Chas Green

(b) Address Lebanon Mo R# 1

17. (a) burial (b) Date thereof Oct 29 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director W. E. Tolman

(b) Address Lebanon Mo

19. (a) 10-29-41 (b) J. A. M'Comb (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede ⁰⁵³
(c) City or town Morgan Rural Washington Mo (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1941 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 27 1941 to Oct 27 1941; that I last saw her alive on Oct 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis - myocardial degeneration Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

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 0

23. Signature J. A. M'Comb (M. D. co-signer)

Address Lebanon Mo Date signed 10-28-41

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

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 Dorsey M Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon mo.

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.