

No. 2  
-1-4-41  
5-17-39  
I X28390

DEC 18 1941  
Registration District No. 209

Primary Registration District No. 4363

Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution: M. DONALD HOSPITAL

(d) Length of stay: In hospital or institution 3 DAYS

In this community 27 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 073

(c) City or town Neosho Mo. 2

(d) Street No. W. Washington Ave.

(e) Citizen of foreign country? 0 (Yes or No)

3. (a) PRINT FULL NAME PEARL DAVIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1941 hour 6:10 minute 9 A. M.

21. I hereby certify that I attended the deceased from Oct. 18-41 to Oct 23, 41

that I last saw her alive on Oct 23 and that death occurred on the date and hour stated above.

4. Sex 3 FEMALE 5. Color or race BLACK

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JAMES DAVIS

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: NOVEMBER 2, 1890

Immediate cause of death: Acute Cardiac dilatation, Acute hepatitis, Acute Pancreatitis

Due to: Acute Pancreatitis

Due to: \_\_\_\_\_

8. AGE: Years 50 Months 11 Days 21

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None

Of operations: None

Of autopsy: None

9. Birthplace McKINZIE TENN

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name BILL FLEMING

13. Birthplace McKINZIE TENN.

14. Maiden name BELLE ALEXANDER

15. Birthplace McKINZIE TENN.

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mrs. Tommy Rogers

(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 10-25-1941

(c) Place: burial or cremation Resident Neil Smith

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Mo.

19. (a) 12-2-41 (b) W. H. Salmon

23. Signature J. J. McDaniel (M. D. or other) 0

Address Neosho, Mo. Date signed Oct 25

RECEIVED

District Health Officer No. 6,

District File Number 1241-1877

Date Filed DEC 16 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.....

*Andrew Fabis*

Licensed Embalmer No. ....

3649

P. O. Address.....

*Wesley, 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.**