DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

F. W.

State File No. 41779

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Senath
(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 Mo (b) County Dunklin

(c) City or town Senath
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna G. Davis

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) - 9 (Day) - 1887 (Year)

8. AGE: Years 54 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name L. F. Hud
13. Birthplace Nah Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pettie Dickens
15. Birthplace Nah Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Davis
(b) Address Senath, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo

18. (a) Signature of funeral director McDaniel Funeral Service
(b) Address Senath, Mo.

19. (a) 12-29-1941 (Date received local registrar) (b) A S McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1941 hour 11 minute 11 a. M.

21. I hereby certify that I attended the deceased from Dec 2-41, 1941, to Dec 2, 1941, that I last saw her alive on Dec 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Choked By Phlegm and Tax[illegible] Nozemia

Due to Arthrra and Eurenic Poison

Due to and other Complication

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature F. W. Spridel M.D. (M. D. or other)

Address Senath Mo. Date signed 12-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
I X19511

RECEIVED
District Health Office No. 2,
District File Number 142-44
Date Filed 1-16-42

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 H. L. Grock

Licensed Embalmer No. 4106

P. O. Address Senath, 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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41779

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Sunnieth
(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 ..... (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: Anna G Davis
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept (Month) 9 (Day) 1887 (Year)

8. AGE: Years 54 Months 2 Days 23 (If less than one day ..... hr. ..... min.)

9. Birthplace: N. C. (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) 4-3-42 (Date received local registrar) (b) Raymond Stamps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day ..... year 1941 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw him alive on ..... 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia & Complications	
Due to: Hyp D Chronic Nephritis	
Due to: Exertion delay as b. was sick and in Memphis Hospital	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: 131 lb

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 ..... (M. D. or other)
Address ..... Date signed .....

SUPPLEMENTARY

S-41779