

FILED APR 3 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 69

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

1. PLACE OF DEATH: Cole
 (a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 408-E-Miller
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
 In this community 30 Years

3. (a) PRINT FULL NAME Maggie Belle Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe³ 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased July 7 1880
 (Month) (Day) (Year)

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

9. Birthplace Callaway County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Edward Oliver

13. Birthplace Callaway County - Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Felicita Sebes

15. Birthplace Callaway County - Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Davis

(b) Address 408-E-Miller

17. (a) Burial (b) Date thereof 3-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon Cemetery

18. (a) Signature of funeral director Thomas Service

(b) Address 7009 Jefferson

19. (a) 3-13-42 (b) Norma Ricketts
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole ⁰²⁶⁵
 (c) City or town Jefferson City ⁴
 (If outside city or town limits, write "RURAL")
 (d) Street No. 408-E-Miller (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 8
 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from mar 10, 1942, to mar 8, 1942
 that I last saw her alive on nov 30, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus with metastasis

Due to _____

Due to _____

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

Major findings: Of operations H&F

Of autopsy _____

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 Gas A. Hill M. D. or other _____

Address Jefferson City Mo Date signed 3/13-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 3641

P. O. Address. None

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.