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

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town VANDALIA  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 812 CLAY ST.  
(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 \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN 4

(c) City or town VANDALIA 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 812 CLAY ST. 1  
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME EFFIE BELL DAVIS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from noon Dec. 31 1942 to Dec. 31 1942 that I last saw h. er alive on Dec. 31 1942 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY C. DAVIS 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased SEPT. 29 1877  
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis

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

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

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

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>4</u>	br. min.

9. Birthplace UNKNOWN Miss. /  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

12. Name EMERICK JOHNSON

13. Birthplace UNKNOWN Miss. /  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH MALE

15. Birthplace UNKNOWN Miss. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Davis

(b) Address Vandalia, Mo.

17. (a) BURIAL (b) Date thereof JAN. 3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA

18. (a) Signature of funeral director W. S. Wales

(b) Address Vandalia, Mo.

19. (a) Jan 2 1943 (b) Mallo Ferguson  
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury \_\_\_\_\_

23. Signature Phoebe O'Connell (M. D. or other) \_\_\_\_\_

Address 110 E. State, Vandalia, Mo. Date signed 12/14/3

JAN 19 1943

RECEIVED

District Health Officer No. 10

District File Number 1-43-51

Date Filed Jan-11-1943

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address: Vandalia, 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.