

FILED AUG 20 1943

Registration District No. _____

Primary Registration District No. **5006**

Registrar's No. **219**

1. PLACE OF DEATH:

(a) County **Adair** (b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Ambulance
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether
In this community **Life** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Dorothy A. 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 **Married**

6. (b) Name of husband or wife **Noel Davis** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **July 25 1906**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	0	11	_____ hr. _____ min.

9. Birthplace **Kirkville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Beauty Operator**

11. Industry or business _____

12. Name **Hardie Johnson**
13. Birthplace **Macon Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Eva Burch**
15. Birthplace **Macon Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva Johnson**
(b) Address **Kirkville, Mo.**
17. (a) **Burial** (b) Date thereof **8/9/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill Cemetery**

18. (a) Signature of funeral director **D. B. Riley**
(b) Address **Kirkville, Mo.**
19. (a) **8/10/43** (b) **Mrs. J. L. Wynn**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")
(d) Street No. **412 W. Buchanan**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **6**
year **1943** hour **2:00** minute **1** P.M.

21. I hereby certify that I attended the deceased from **6-25-43** to **Aug. 6 1943**
that I last saw her alive on **July 19 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Pancreas**
Duration **few months**

Due to _____
Due to **H. G.**
Other conditions (Include pregnancy within 3 months of death)
malignant tumor head of pancreas
Major findings **Metastases in osseum.**
Of operation _____
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)
(c) Means of injury _____
23. Signature **Spencer L. Freeman M.D.**
Address **Kirkville Mo.** Date signed **8/7/43**

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

MOTHER FATHER

333
8/19/43

AUG 20 1937
10 10 AM

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 DEERLUS

Licensed Embalmer No 4181

P. O. Address High Kill No

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.