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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

Registration District No. 2014

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5835-

State File No. 38778

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Rural--Shoal Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. #2 Seneca, Missouri
(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: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Rural--Shoal Creek Township
(If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. #2 Seneca, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Helen Marie Davis
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: No
4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April 25, 1932 (Month) (Day) (Year)
8. AGE: Years 11 Months 5 Days 27 If less than one day ..... hr. ..... min.
9. Birthplace: Cassville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Child
11. Industry or business: .....
FATHER 12. Name: Clovis Davis
13. Birthplace: Galena (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Nannie Lankford
15. Birthplace: Exeter (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Harvey E. Davis
(b) Address: R#2 Seneca, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem.-Joplin
18. (a) Signature of funeral director: Bigham Mortuary
(b) Address: Neosho, Missouri
19. (a) 10-26-43 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1943 hour 2:45 P. M. minute ..... M.
21. I hereby certify that I attended the deceased from Sept 9 1943 to Oct 22 1943 that I last saw her alive on Oct 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Appendicitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Ruptured appendix	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: J. L. Wilber (M. D. or other)
Address: Joplin Mo Date signed: 10-23-43

1315 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-10-43
District Health Officer No.
District File Number 1143-210
Date Filed 11-15-43

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 J. A. Bighame

Licensed Embalmer No. 2869

P. O. Address Neosho, Missouri

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.