

FILED MAY 8 1944  
Registration District No. 2194

Primary Registration District No. 3041

Registrar's No. 41

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

3. (a) PRINT FULL NAME Mary Etta Davis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 4 - 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Logan Co Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business House wife  
12. Name Thos H Douglas  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wigginton  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Thos. Douglas  
(b) Address Rt 2 Anable, Mo  
17. (a) burial (b) Date thereof 1/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Robert Skjerve  
(b) Address Macon  
19. (a) 2/2/44 (b) Yora B. Finkler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Macon  
(c) City or town Macon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1944 hour 10:15 minute 2 M.  
21. I hereby certify that I attended the deceased from Dec 10 1943  
19 \_\_\_\_\_ to Apr 22 1944  
that I last saw h. er alive on Apr 22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease Duration 2 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Excision of gland PHYSICIAN \_\_\_\_\_  
Of operations only for Hodgkins  
Of autopsy \_\_\_\_\_  
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 J.P. Honneman Date signed 5/3/44  
Address Macon Mo

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-44-871

Date Filed MAY 5 1944

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 Cortland Meison

Licensed Embalmer No. 3414

P. O. Address Mason N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.