S. No. 2
DM—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18845

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 S. Hancock /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Missouri (b) County Pettis 5
(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 404 S. Hancock
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laura 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 2

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

7. Birth date of deceased Aug. (Month) 11 (Day) 1867 (Year)

8. AGE: Years 76 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation .....

11. Industry or business Home.

FATHER
12. Name Xavier Pouthie
13. Birthplace ..... (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Sophia Brown
15. Birthplace ..... (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Cassie Keating
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 5-16-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 1944 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from viewed body of ^, 19..., to 5-14, 1944
that I last saw h..... alive on ....., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in her bed room Evidently died from Coronary insufficiency | Duration

Due to .....

Due to .....

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

94a

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury 2

23. Signature W T Bishop coroner (M. D. or other)
Address Sedalia Mo Date signed 5-16-44

1022

(Licensed Embalmer's Statement on Reverse Side)

Bishop

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-7-64

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.