

S. No. 2  
M-8-43  
5-17-39  
I X37823

2411

DEPARTMENT OF COMMERCE  
BUREAU OF THE CONSUL

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 19 1945

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 335

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
309 So. Pleasant  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 309 So. Pleasant  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 116

3. (a) PRINT FULL NAME Mary Elizabeth 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 John Davis 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased August 5, 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Box Elder, Utah  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name David J. Powell

13. Birthplace Wales  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Evans

15. Birthplace Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Reich  
 (b) Address Independence Mo.

17. (a) Burial (b) Date thereof 12-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem

18. (a) Signature of funeral director Poland Roberts

(b) Address Independence Mo.

19. (a) 12-23-44 (b) James Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 21 day year 1944 hour 6.00 minute PM  
 21. I hereby certify that I attended the deceased from Dec 19, 1944 to Dec 21, 1944  
 that I last saw her alive on Dec 20, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial dilatation Duration 6 days  
auricular fibrillation  
3° decompensation of heart

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) 950

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) (e) Means of injury? .....

23. Signature Charles Nelson Date signed 12/21/44  
 Address Independence Mo.

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

18  
4  
4

1163

**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 *Roland B. Sparks*  
Licensed Embalmer No. *3604*  
P. O. Address *Indep. 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.**