

FILED SEP 22 1945

State File No. _____

Registration District No. 43 Primary Registration District No. 40575135 Registrar's No. 245

1. PLACE OF DEATH: Butler

(a) County Butler

(b) City or town Dublin Rural 1st Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Miss

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Dublin Mo "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Linda Joan Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem! 5. Color or race W. 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased April 26 - 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Dublin "Rural" (City, town, or county) (State or foreign country) 0

10. Usual occupation child

11. Industry or business _____

12. Name R.E. Davis

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

14. Maiden name Evelyn Butler

15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mother Campbell Mo

(b) Address Dublin Mo.

17. (a) Burial (b) Date thereof Aug 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlark Campbell

18. (a) Signature of funeral director Charles Turner

(b) Address 911 Spruce St

19. (a) 9/1/45 (b) R.H. Muehle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1945 hour 11:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Aug 24, 1945.

that I last saw h. 23 alive on Aug 24, 1945, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 108

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) _____ (e) Means of injury _____

23. Signature D. B. L. Franklin (D. or other) 0

Address Campbell, Mo. Date signed 8/25/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number

945-3037

Date Filed

9-17-45

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.

not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.