

FILED JAN 30 1946
Registration District No. 4499

Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME Delia Davis

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1945 hour 11 minute 15 AM

4. Sex Female ³ 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer Davis 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 11th 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1945 to Dec 6, 1945
that I last saw her Y alive on Dec 5, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>25</u>	hr. min.

Immediate cause of death Cancer of uterus 1 yr.
Duration

9. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

Due to

Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name William Davis

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

{ 14. Maiden name Polly Robinson

{ 15. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations 48h
Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Homer Davis
(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 12/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

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?

18. (a) Signature of funeral director Million & Barkelew

(b) Address Shelbina Mo.

19. (a) 1-5-46 (b) Burl Joyce
(Date received local registrar) (Registrar's signature)

23. Signature R. L. Caldwell (M.D. or other) D.O.
Address Shelbina Mo Date signed Dec 19/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100890

RECEIVED

District Health Officer No. 10.

District File Number 1-46-238

Date Filed JAN. 28, 1946

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 Henry A. Sackelaw
Licensed Embalmer No. 3835
P. O. Address St. Louis 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.