

**FILED** MAR 29 1946

State File No. \_\_\_\_\_

Registration District No. 101

Primary Registration District No. 2393

Registrar's No. 18

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

**1. PLACE OF DEATH:**  
 (a) County Douglas  
 (b) City or town Ava Rural Benton  
(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 \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Peggy Ann 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 Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 15, 1945  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Ivan Davis  
 13. Birthplace Ava, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Allie Price  
 15. Birthplace Ava, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ivan Davis  
 (b) Address Ava, Missouri  
 17. (a) Burial (b) Date thereof 2-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
 (b) Address Ava, Missouri  
 19. (a) Feb 19-46 (b) Vestal Bushman  
(Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb. day 16  
 year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-16-46 to 17-16-46  
 that I last saw her alive on 12-16-46 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Meningitis  
Hydrocephalus - Spina Bifida  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature M. C. Gentry (M. D. or other) \_\_\_\_\_  
 Address Ava Date signed 2-2-46

Duration \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 346-405-

Date Filed MAR 25 1946

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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 W.B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Oran Md

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.