

S. No. 2  
M-9-43  
5-17-39  
P. 1 X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11979

FILED MAR 8 1946

Registration District No. 354

Primary Registration District No. 4319  
6797

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cabool Texas

(b) City or town Cabool Mo. Burdine  
(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 \_\_\_\_\_ (Specify whether)

In this community 61 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas <sup>107</sup>

(c) City or town Cabool  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mabel Iona Davis

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles E.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 9 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Silas W. Gant

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

14. Maiden name Margaret Maloney

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

16. (a) Informant Mildred Davis

(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof March 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Gaylord V. Elliott  
(b) Address Cabool Mo.

19. (a) Feb 4 (b) Gaynell Cunningham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1946 hour \_\_\_\_\_ minute a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on March 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 8 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 50

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Harold Hogg (M. D. or other) \_\_\_\_\_

Address Cabool Mo. Date signed Mar 3/46

RECEIVED

District Health Officer  
2nd Floor

Number No. 5  
346192  
7146

APR 5 1946

MAY 9 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.....

*Gaylord V. Elliott*

Registered Apprentice No. ~~2252~~

working under my personal supervision.

Signed *Gaylord V. Elliott*

Licensed Embalmer No. 2252

P.O. Address *Cabool 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.