

FILED APR 22 1946

Registration District No. 47

Primary Registration District No. 3008

State File No.

Registrar's No. 185

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 HRS  
(Specify whether

In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

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

(d) Street No. 409 A COURT ST.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.

3. (a) PRINT FULL NAME MARY SUSAN DAVIS

3. (b) If veteran, name war -

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28<sup>th</sup>  
year 1946 hour 12 minute 03 A M.

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife J. R. DAVIS

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

7. Birth date of deceased AUG. 16 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/27  
1946 to 3/28 1946  
that I last saw h. ex alive on 3/27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hours

8. AGE: Years 70 Months 7 Days 11  
If less than one day hr. min.

Due to Hypertension

9. Birthplace CALLAWAY Co. MO  
(City, town, or county) (State or foreign country)

Due to Gen. Atherosclerosis

10. Usual occupation HOUSEKEEPER

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name E. G. GANNAWAY

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

14. Maiden name MARY Vier

15. Birthplace CALLAWAY Co. MO  
(City, town, or county) (State or foreign country)

Major findings: Of operations gsw

Of autopsy

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

16. (a) Informant J. R. DAVIS

(b) Address FULTON, MO.

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (b) Date thereof MAR. 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation HILL-CREST FULTON

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St. Fulton Mo

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury U

19. (a) 3-29-1946 (b) Joyce Monackhoff  
(Date received local registrar) (Registrar's signature)

23. Signature George Durbin M. D. or other MD  
Address Fulton Mo Date signed 3/28/46

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

RECEIVED

District Health Officer No. 9,

District File Number 1151

Date Filed 4-19-46

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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 Glen Y. Kaupin  
Licensed Embalmer No. 2725  
P. O. Address Fulton 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.