

S. No. 2  
M-8-43  
7-5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19167  
Registrar's No. 42

Registration District No. 337 Primary Registration District No. 4497

1. PLACE OF DEATH:  
(a) County Shelby County  
(b) City or town Clarendse, Mo.  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Entirs life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daisy Agness Davis  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William W. Davis  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased March 8th 1879 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER {  
12. Name Wesley Free  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Permillia Bishop  
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant William W. Davis  
(b) Address Clarence, Missouri

17. (a) Burial (b) Date thereof 4-22-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemebery

18. (a) Signature of funeral director Million & Barkelew  
(b) Address Clarence Missouri

19. (a) Date received from registrar (b) Registrar's signature

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20th  
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15 1946 to April 20 1946  
that I last saw h, alive on April 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

While at work? (Specify type of place) Means of injury

23. Signature of Registrar  
Address Clarence Mo

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

10044

RECEIVED

District Health Officer No. 70

District File Number 5-46-1041

Date Filed MAY 23 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..... *C. W. Hawkins*.....

Licensed Embalmer No. 2498

P. O. Address..... *Shelburne Vt*.....

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.