

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENTRAL REGISTER
FILED OCT 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. **35835**

Registration District No. **337** Primary Registration District No. **4497** Registrar's No. **96**

1. PLACE OF DEATH:
(a) County **Shelby**
(b) City or town **Carrollton**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Shelby**
(c) City or town **Carrollton**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ALICE-BETTIE 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 **A**
6. (b) Name of husband or wife **Frank Davis** **6. (c) Age of husband or wife if alive** **86** years
7. Birth date of deceased **7 17 - 1867**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **2** year **1946** hour **4** minute **4** M.
21. I hereby certify that I attended the deceased from **1946** to **Sept 24** 19**46**
that I last saw **her** alive on **Oct 2** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage of stomach** Duration **4 day**

8. AGE: Years **79** Months **2** Days **15** If less than one day hr. min.
9. Birthplace **Monroe Co Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Wife**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy **118**

MOTHER FATHER
11. Industry or business
12. Name **Jessie Embree**
13. Birthplace **Lexington Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Swain**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs J. Garnett**
(b) Address **Madison Mo R.R.#2**
17. (a) Burial, cremation, or removal **(b) Date thereof** **Oct 4 46**
(Month) (Day) (Year)
(c) Place: burial or cremation **Spring Hill Madison Mo**
18. (a) Signature of funeral director **Fred A. Thompson**
(b) Address **Madison Mo**
19. (a) Oct 3-46 (b) Ruth Jones
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury
23. Signature **Carl L. Hallam** (M. D. or other)
Address **Carrollton Mo** Date signed **Oct 7 1946**

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

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

John Bitts 1-3-114

RECEIVED
District Health Officer No. 10
District File Number 10-46-1903
Date Filed OCT 14 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 Lud A. Thompson
Licensed Embalmer No. 1420
P. O. Address Madison 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.