

FILED NOV 20 1946

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 276

1. PLACE OF DEATH: Boone

(a) County, Boone

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

(c) Name of hospital or institution: 204 N. 2nd St 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 about 6 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Boone 10

(c) City or town, Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 204 N. 2nd St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME THEODORA DAVIS

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex, Female 3

5. Color or race, Negro

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

6. (b) Name of husband or wife, John Davis

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

7. Birth date of deceased, about 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 56 - - hr. min.

9. Birthplace, Ballouay Mo. No
(City, town, or county) (State or foreign country)

10. Usual occupation, maid

11. Industry or business, Stylish Beauty Parlor

MOTHER FATHER

12. Name, unknown

13. Birthplace, unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name, unknown

15. Birthplace, unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant, Mildred Salter

(b) Address, Columbia Mo.

17. (a) Removal (b) Date thereof, 11-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, Fulton 2nd

18. (a) Signature of funeral director, Street Parker

(b) Address, Columbia, Missouri

19. (a) Nov. 12, 1946 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, Nov day, 11
year, 1946 hour, 8 minute, 20 A.M.

21. I hereby certify that I attended the deceased from Oct 10
1946 to Nov 8 1946
that I last saw her alive on Nov 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death, Cardiac decompensation

Due to, Mitral Stenosis Atherosclerosis

Duration
36 days

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations: none

Of autopsy: none

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)

(e) Means of injury _____

23. Signature, W.K. Kiepschmidt (M. D. or other)
Address, Columbia, Mo. Date signed, 1-11-46

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11/19/46

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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbus, N.

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.