No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36287

State File No.

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 396

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: 213 rear S. Lorimer (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ——— In this community: life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No.: 213 rear S. Lorimer (If rural, give location)

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

If yes, name country: ———

3. (a) PRINT FULL NAME: Edna Ruth Davis

3. (b) If veteran, name war: ———

3. (c) Social Security No.: ———

4. Sex: Female 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: Claude Davis

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

7. Birth date of deceased: January 6, 1911 (Month) (Day) (Year)

8. AGE: Years 35 | Months 10 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace: Cape Girardeau, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: ———

FATHER
12. Name: Emory Fullenwider
13. Birthplace: Jackson, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Green
15. Birthplace: Bloomfield, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mildred Allen

(b) Address: 213 rear S. Lorimer, Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 26, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: F. J. Sparks

(b) Address: Cape Girardeau, Mo.

19. (a) 11-27-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1946 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Aug 2, 1946, to Nov 22, 1946; that I last saw h. alive on Nov 22, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of liver.	3 to 6 months
Due to: a vitaminosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: None

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? (e) Means of injury:

23. Signature: Edward D Campbell (M.D. or other)

Address: 627 Good Hope Cape Girardeau Date signed: 11-24-46

4-4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

District File Number 1246-293

Date Filed 12-2-46

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.