

No. 2
5-17-36
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41656**
Registration District No. **290**
Primary Registration District No. **4431**
Registrar's No. **107**

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

1. PLACE OF DEATH:
(a) County **PULASKI**
(b) City or town **DIXON**
(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)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **PULASKI**
(c) City or town **Rural**
(d) Street No. **near Dixon**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Emiline Davis**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **9** year **1946** hour **1** minute **P.** M.
21. I hereby certify that I attended the deceased from **Nov 27** to **Dec 9** 19**46** that I last saw her alive on **Dec 9** 19**46** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **65** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **10** **18** **1874**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary edema** Duration **2 days**
Due to **Cardiac dilation** **1 wk**
Due to **Cardiac Mitral Stenosis** **unknown**
Other conditions **Diabetes Mellitus** **unknown**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
72 **1** **21** hr. min.

Major findings:
Of operations _____
Of autopsy **6/**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Wife**

MOTHER FATHER {
12. Name **MONROE JOHNSON**
13. Birthplace **MO**
14. Maiden name **Mrs. Fleming**
15. Birthplace **MO**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Ronley J. Bates** (M. D. or other) **RD**
Address **Dixon MO** Date signed **12-11-46**

16. (a) Informant **Mrs Frank Schneider**
(b) Address **DIXON MO**
17. (a) **Burial** (b) Date thereof **12-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **DIXON**
18. (a) Signature of funeral director **Fred H Gilbert**
(b) Address **DIXON MO**
19. (a) **12/18/46** (b) **Louise B. McClintock**
(Date received local registrar) (Registrar's signature)

1961 11 17 1951

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.....

December - 9 - 1946

Registered Apprentice No.....

working under my personal supervision.

Signed..... *Fred N. Gilbert*

Licensed Embalmer No. *2341*

P. O. Address..... *Dixen Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Jan*
Registrar's No. *107*

Registration District No. *290*

Primary Registration District No. *4431*

1. PLACE OF DEATH:

(a) County *Pulaski*

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

(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)

3. (a) PRINT FULL NAME *Mary E. 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 *wid*

6. (b) Name of husband or wife

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

7. Birth date of deceased *Oct 18*
(Month) (Day) (Year)

8. AGE: Years *72* Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

{ 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* Day *9*
Year *1945* hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him/her alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

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) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

41056