

S. No. 2
M-5-43
r. 5-17-39
I X36871

FILED FEB 10 1947

State File No. _____
Registrar's No. 7

Registration District No. 22 Primary Registration District No. 5804

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town 14 M. SE. RD. 3 PARIS JACKSON MO

(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 16 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE

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

(d) Street No. 14 M. SE. OF PARIS
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GRACE MARIE DAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife RAY MORRIS DAVIS 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased APRIL 7 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>5</u>	— hr. — min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12 year 1947 hour 12 minute — P.M.

21. I hereby certify that I attended the deceased from 1-12-47 to 1-12-47 1947

that I last saw her alive on 1-12-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Hemiplegia (L. side)

Due to _____

Due to _____

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

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

9. Birthplace Case Claire Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name FRED COLBERT

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

14. Maiden name Unknown

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

16. (a) Informant Ray Davis

(b) Address Rt. 2 # 3 Paris, Mo.

17. (a) BURIAL (b) Date thereof JAN. 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE

18. (a) Signature of funeral director Spide Blahay

(b) Address Paris, Mo.

19. (a) 1-28-47 (b) _____
(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? _____

While at work _____ (Specify type of place)

(2) Means of injury _____

23. Signature J. A. Garnett (M. D. or other) MD.

Address Paris, Mo. Date signed 1-15-47

Officer No. 247270
Date Filed FEB - 5 1947

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..... *E. H. Agnew*
Licensed Embalmer No. 4000
P. O. Address. Paris, Missouri.

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.