V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10217

State File No.

Registration District No. 268 Primary Registration District No. 5906 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Little River 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town War Portogeville 0
(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 Lula 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 married 1

6. (b) Name of husband or wife Walter Davis 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 21 (Day) 1905 (Year)

8. AGE: Years 41 Months 2 Days If less than one day hr. min.

9. Birthplace Atkins (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cornelious Swinger
13. Birthplace Unknown (City, town, or county) S.C. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Oats
15. Birthplace Unknown (City, town, or county) S.C. 1 (State or foreign country)

16. (a) Informant Berniese Allen
(b) Address Portogeville Mo RR2 Box 6a

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director DeHisle Funeral Parlor
(b) Address Portogeville Mo

19. (a) 3-31-47 (Date received local registrar) (b) Mrs H. Sweet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 1946, to 1-22-1947; that I last saw her alive on 1-21 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hypertension and Vascular insufficiency aortic.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 2

23. Signature L. Masters (M. D. or other)

Address Hayti Date signed 1-24-47

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(Licensed Embalmer's Statement on Reverse Side)

4-47-115

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 Joseph A. Mehisle, Registered Apprentice No. 488, working under my personal supervision.

Signed Leonard Wargo

Licensed Embalmer No. 4336

P. O. Address Portageville 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.