

FILED MAY 8 1947

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **160**

1. PLACE OF DEATH:
 (a) County **Callaway**
 (b) City or town **Fulton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Callaway Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 WK.** (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway**
 (c) City or town **Readsville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MARY Lucy DAVIS**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **FEMALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **W. A. DAVIS** **6. (c) Age of husband or wife if** **DECEASED** years
7. Birth date of deceased **OCT 28 1892**
 (Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **0**
 If less than one day _____ hr. _____ min.

9. Birthplace **Call Camp, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Nursekeeper**

11. Industry or business _____

12. Name **Unknown** **9**

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

14. Maiden name _____ (State or foreign country)

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

16. (c) Informant **Riley J. Davis**

(b) Address **Readsville, Mo.**

17. (a) Burial (b) Date thereof **Apr. 30, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **Ellen Y. Mays**

(b) Address **712 Cant. Fulton, Mo.**

19. (a) Address **Ray 2-47** (b) **Josee Mosakoff**
 (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
 year **1947** hour **10** minute **20** P. M.
21. I hereby certify that I attended the deceased from **Mar 19 1944** to **Apr 28 1947**
 that I last saw her alive on **Apr 28 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation** Duration **5 days**
 Due to **myocardial degeneration** **5 yrs.**

Due to _____
 Other conditions **Intra abdominal infection - unknown etiology** **10 days**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **none**
 Of operations: **none**
 Of autopsy: **none** **A38**
 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)

Means of injury _____

Signature **John D. Brown** (M. D. or other) **MD**

Address **Fulton** Date signed **5-2-47**

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-7-47

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 Glen Y. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.