

No. 2
-12-45
5-17-39
X47070

FILED MAY 16 1947

State File No. _____

Registration District No. 27

Primary Registration District No. 24049

Registrar's No. 15

1. PLACE OF DEATH:

(a) County ~~Boone~~ Boone
(b) City or town Centerville Mo.
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Centerville
(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 _____

3. (a) PRINT FULL NAME FRANCES DAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced 21

6. (b) Name of husband or wife Geo. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 6 - 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name John Cane

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

14. Maiden name Mary H. Kelley

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

16. (a) Informant Mrs. Clara Coleman

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Apr 13 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Mo.

18. (a) Signature of funeral director Frank Ferguson

(b) Address Centerville Mo

19. (a) 5/8/1947 (b) Maud Mc Bride
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan. 6 1947, to Apr 6 1947; that I last saw her alive on Apr 5 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial Degeneration Duration 1 wk.

Due to Influenza

Due to _____

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

Major findings: Of operations AM

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) Means of injury _____

23. Signature Dr. Roberts (M.D. or other) Dr.

Address Centerville Mo. Date signed 4-17-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number 5-15-47
Date Filed

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 Grove Ferrigan
Licensed Embalmer No. 4270-
P. O. Address Centerville, 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.