

V. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26549**

FILED JUL 22 1947

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **118**

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

1. PLACE OF DEATH:
 (a) County Germany
 (b) City or town Forest Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital # 3 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 43 yrs 3 mo 10 dy
(Specify whether)
 In this community 43 years 3 months 10 days
years, months or days

3. (a) PRINT FULL NAME FLORENCE 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 Wid
6. (b) Name of husband or wife L
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased 9-10-1879
(Month) (Day) (Year)

8. AGE:
 Years 67 Months 10 Days 5
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None
12. Name John A. McJannet
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cannon
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records
(b) Address Nevada, Missouri

17. (a) BURIAL **(b) Date thereof** 7-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BETHEL GEMETERY

18. (a) Signature of funeral director Sam S. Sweeney Jr
(b) Address Springfield Mo

19. (a) 7-15-47 **(b) Nathyn Yancy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo **(b) County** Cedar
 (c) City or town unknown
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 20 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15
 year 1947 hour 11 minute 30 a. m.
21. I hereby certify that I attended the deceased from Oct 7 1943 to July 15 1947
 that I last saw her alive on July 15 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Duration ?

Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ✓
Of operations: ✓
Of autopsy: no

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 car

23. Signature A. H. Hall M.D. **(M. D. or other)**
Address Nevada Mo **Date signed** 7-15-47

RECEIVED
District Health Officer No. 7,
District File Number 6-47-843
Date Filed 7-21-47

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 James C. Sencer Jr.
Licensed Embalmer No. 4099
P. O. Address Greenfield, 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, above space should be left blank.