No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35120

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 37

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark (b) County Cittendon 999
(c) City or town Blytheville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Pearle Davis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Bud Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) 1905

8. AGE: Years 42 Months Days If less than one day hr. min.

9. Birthplace Clarkdale, Ark 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Harris 1
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kelly Barnes
15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elnora Bennett
(b) Address 203 E. Broadway St. Louis
17. (a) Burial (b) Date thereof 10-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place burial or cremation Fairley Tilman Cemetery
18. (a) Signature of funeral director Cobbs Funeral Home
(b) Address Blytheville, Ark.
19. (a) 10-13-47 (b) Ellen DeLisle
(Date received local registrar) (Registrar's signature) 7/9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 5, 1947, to Oct. 6, 1947; that I last saw her alive on 12-5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death perforated peptic ulcer
Due to alcoholism.
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy None performed

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature Park C. Mullen (M. D. or other) MD.
Address Box 56 Portageville Mo. Date signed 10-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1042 1468
Date Filed 10-31-47

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 Leonard John Vargo

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.