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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 40806

Registrar's No. 176

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County AUdrain
(c) City or town Thompson, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Davie Ella Pettey
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. E. Pettey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 28 (Day) 1869 (Year)
8. AGE: Years 77 Months 11 Days 12 If less than one day hr. min.
9. Birthplace Boon Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Amos Barclay
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Minerva Roberts
15. Birthplace DK (City, town, or county) (State or foreign country)
16. (a) Informant J. C. Pettey
(b) Address Thompson, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Missouri.
19. (a) 12/11/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1947 hour 3 minute 40 A- M.
21. I hereby certify that I attended the deceased from Dec 8, 1947, to Dec 10, 1947; that I last saw her alive on Dec 9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia lobar	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis chr. Coronary sclerosis chr.	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. L. Williams (M. D. or other) M.D.
Address Mexico Mo Date signed 12/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-175
DEC 16 1947
Date

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 Emerett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.