

S. No. 300  
OM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1477  
Registrar's No. 13

FILED JAN 26 1948 5-7  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3028

49  
3  
read  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
621 Case St., /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime (Specify whether)  
years, months or days

3: (a) PRINT FULL NAME Laura Olive DAVIS  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward Davis 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased August 20, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Christian Forste Davis  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Hoff  
15. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Davis

(b) Address 621 Case St., Carthage, Mo.

17. (a) Burial (b) Date thereof 1-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 1-10-48 (b) L. B. Clinton, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 621 Case St., 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th.  
year 1948 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from Apr 12, 1946, to Jan 14, 1948.  
that I last saw her alive on Jan 12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast with multiple metastases. 5 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

Duration  
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)  
(a) Means of injury \_\_\_\_\_

23. Signature George H. Wood (M. D. or other) \_\_\_\_\_  
Address Carthage Mo. Date signed Jan 15 48

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**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.....

*William J. McCormick*  
 \_\_\_\_\_  
 William J. McCormick

Registered Apprentice No. 17

working under my personal supervision.

Signed \_\_\_\_\_

*Gene C. Pugh*  
 \_\_\_\_\_  
 Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.**