

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8516

State File No. _____

FILED APR 5 1948 199

Registration District No. _____

Primary Registration District No. 5376

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon-Rural
(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 5 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Oregon-Rural 0
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alma Orintha 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 Edwin E Davis 6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased October 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 ; 13 hr. _____ min.

9. Birthplace Salem Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Trueblood 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Letitia Overman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Davis
(b) Address Oregon, Missouri
17. (a) Burial (b) Date thereof Mar 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director James N. Sullivan
(b) Address Oregon Mo
19. (a) 3-26 48 (b) J. Henry
(Date received local registrar) (Registrar's signature) 123

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Dec 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Death Duration _____
probable coronary occlusion

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy none 940
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? none
(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) (e) Means of injury 0

23. Signature E. T. Hursey (M. D. or other)
Address Oregon Mo Date signed 3-24 48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.