

S. No. 2  
M-243  
5-17-39  
-I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9631

State File No. \_\_\_\_\_

FILED APR 3 1948  
267

Registration District No. \_\_\_\_\_

Primary Registration District No. 5906

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Penn. Scot  
(b) City or town Rural - Swift Little River Twp  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Penn. Scot 78  
(c) City or town Rural - Swift  
(If outside city or town limits, write "RURAL")  
(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 Mary Francis Davis

3. (b) If veteran, name war: ✓ 3. (c) Social Security No. ✓

4. Sex F 3 5. Color or race Black 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: NOV 22 1947  
(Month) (Day) (Year)

8. \*AGE: Years Months Days If less than one day  
0 3 10 hr. min.

9. Birthplace Portageville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name Elijah Davis  
13. Birthplace Portageville MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Hauble  
15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Elijah Davis  
(b) Address Portageville, MO  
17. (a) Burial (b) Date thereof MARCH 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Swift, MO

18. (a) Signature of funeral director DELICHO FUNERAL PARLOR  
(b) Address PORTAGEVILLE, MO  
19. (a) 3/25/48 (b) John Wilderman  
(Date received local registrar) (Registrar's signature) 1120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2  
year 1948 hour 8 minute 22 P.M.

21. I hereby certify that I attended the deceased from March 1-48  
to March 2 1948  
that I last saw her alive on March 2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none performed  
Of operations: none performed  
Of autopsy: none performed  
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 Paul C. Miller (M. D. or other) MD  
Address 24156 Portageville, MO Date signed 3-5-48

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

198

4-48-103

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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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**