

FILED MAY 4 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Marion.  
(b) City or town Hannibal, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Elizabeth, Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days.  
(Specify whether years, months or days)  
In this community 60 Yrs.

3. (a) PRINT FULL NAME Annie May Davis.

3. (b) If veteran, name war.....  
3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. E. J. Davis. 6. (c) Age of husband or wife if alive. 73 years  
7. Birth date of deceased Oct. 17, 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business Home.

12. Name Hazzard Woodhurst  
13. Birthplace Unknown England.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Ladder.  
15. Birthplace Unknown Indiana.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Davis  
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 4-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Lickcreek Cemetery, Perry, Mo.

18. (a) Signature of funeral director. Clyde C. W...  
(b) Address Perry, Mo.

19. (a) 4-27-48 (b) W. E. M. Licker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls,  
(c) City or town Perry, Missouri.  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 22nd  
year 1948 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from april 20, 1948, to april 22, 1948; that I last saw him or alive on april 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death venereal disease  
Due to intercourse  
Due to infection

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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?

23. Signature W. E. M. Licker (M. D. or O.C.)  
Address Hannibal, Mo. Date signed 4/29/48

Duration Always  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

4  
3  
4

---

---

**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.....

*John F. Ellis*....., Registered Apprentice No. *494*  
working under my personal supervision.

Signed..... *Clyde Wilkey*.....

Licensed Embalmer No. *3826*.....

P. O. Address..... *Perry, 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.**