

Registration District No. 170

Primary Registration District No. 5631

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Richland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural 1
(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 Laclede Mo
(c) City or town Richland Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stella A Davis

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased May 30, 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Richland Laclede Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Oyle

13. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Williams

15. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Oyle

(b) Address Richland Mo

17. (a) Burial (b) Date thereof 6-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Cemetery

18. (a) Signature of funeral director R. B. Seip

(b) Address Richland Mo

19. (a) 7-3-48 (b) James B. Gandy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7th
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 7, 1948 to June 07, 1948
that I last saw her alive on June 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death malignant melanoma Duration 3 mo

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paul P. Pook (M. D. number) 0

Address Richland, Mo Date signed June 24

Travis (Licensed Embalmer's Statement on Reverse Side) (107106K1)

1948

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

1530

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.....

R. B. [Signature]

Licensed Embalmer No.....

3198

P. O. Address.....

Richland 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.