

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21669**

FILED JUL 6 1948

Registration District No. **1948**

Primary Registration District No. **6076**

Registrar's No. **1466**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home. 4  
(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)

3: (a) PRINT FULL NAME Francis Elzada Davis  
3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Davis 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased April 6 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 2 4 hr. min.

9. Birthplace Pulaski Co. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business  
12. Name Thomas K. Ormsby  
13. Birthplace Texas Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Southerland  
15. Birthplace Phelps Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Bunch  
(b) Address Newburg, Mo.  
17. (a) Burial (b) Date thereof 6-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Newburg, Mo.

18. (a) Signature of funeral director Abert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) 6-11-48 (b) Beatty Sharp MO  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps P1  
(c) City or town Newburg 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 1  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1948 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Feb 1  
1947 to June 10, 1948  
that I last saw him alive on June 10, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
Chr. myocarditis  
Senil arteriosclerosis  
Due to.....  
Due to 93d  
Other conditions (include pregnancy within 3 months of death).....

Major findings:  
Of operations.....  
Of autopsy.....  
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)  
(e) Means of injury.....  
23. Signature Chas. Denny (M. D. or other) MD  
Address Creve Coeur, Mo. 64048

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

1948

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John S. Pennek  
- Licensed Embalmer No. 4194  
- 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.**