FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23801

Primary Registration District No. 3052

Registrar's No. 225

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY ANN 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: Married
6. (b) Name of husband or wife: Frank Davis
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: June (Month) 4 (Day) 1871 (Year)

8. AGE: Years 77 | Months 1 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace: Sweet Springs (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Samuel C. Smith
13. Birthplace: Richmond (City, town, or county) Virginia (State or foreign country)
14. Maiden name: Maria E. Anderson
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Frank Davis
(b) Address: Sweet Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: L. F. Parker
(b) Address: Sweet Springs, Mo.
19. (a) 7-30-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 7/12, 1948, to 7/28, 1948, that I last saw her alive on 7/28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock from operation	
Due to: Carcinoma of Pancreas	6 mo.
Due to: Carcinoma of Pancreas	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings: Of operations: Tumor of Pancreas
Of autopsy: None

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: D. P. Dyer (M. D. or M. D.)
Address: Sedalia, Mo. Date signed 7/28/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 8-12-48

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.