No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31848

Registration District No. 378 — Primary Registration District No. 4552 — Registrar's No. 45

4
6

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mountain Grove, Mo. 0
(If outside city or town limits, write "RURAL") 0

(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 Hettis Susan Davis

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry M. Davis

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 5 (Day) 1875 (Year)

8. AGE: Years 73 | Months 7 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace ~~Sheridan~~ Christian Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business Housekeeper

FATHER
12. Name John W. Yocum
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Martha Bailey
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Newton Davis
(b) Address Mountain Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) iew (b) Date thereof 10-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fair View Cemetery

18. (a) Signature of funeral director Grable-Windle
(b) Address Mountain Grove, Mo.

19. (a) 10-7-48 (Date received local registrar) (b) A. C. Ames (Registrar's signature) 349

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1948 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to Medical attendent absent and unable to reach him for his report

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

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

Duration

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) .....

(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 3

23. Signature [illegible] (M. D. or other)

Address Mtn Grove, Mo Date signed 10/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1048-1171
Date Filed 10-12-48

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.....

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.