S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 15 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Langston

State File No. 32566

Primary Registration District No. 2000

Registrar's No. 975

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk 84
(c) City or town: Fairplay. Mo Ri 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Virginia Davis.

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

3. (c) Social Security No.: Nil

4. Sex: Femal 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: 3 Divorced

6. (b) Name of husband or wife: Fletch Davis -

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: January (Month) 1st (Day) 1894 (Year)

8. AGE: Years 54 | Months 10 | Days 6 | If less than one day: hr. min.

9. Birthplace: Polk County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business: Maintaining Home

MOTHER FATHER
12. Name: Owen Young.
13. Birthplace: Polk County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Mary Needham
15. Birthplace: Polk County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Howard Oneal.
(b) Address: Fairplay. Mo Ri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Shady Grove Cemetery

18. (a) Signature of funeral director: Gene A. Brown
(b) Address: Walnut Grove, Missouri

19. (a) 11-10-48 (Date received local registrar) (b) M. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1948 hour 11 minute 15 p.m.

21. I hereby certify that I attended the deceased from Oct 1, 1948 to Nov 7, 1948
that I last saw him alive on Nov. 7, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Pancreas.

Due to:

Due to:

Other conditions
(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: W. Roland Langston (M. D. or other)
Address: Springfield. Mo. Date signed: 11/8/48

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Phillips, Registered Apprentice No. 25, working under my personal supervision.

Signed Warren D Noblitt

Licensed Embalmer No. 4095

P. O. Address Ash Grove 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.