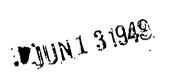
No. 2 8-43 17-39	DEPARTMENT OF COMMERCE  BUREAU OF THE CENSUS  STANDARD CERTIFI	
X37823	FIED OCT 26 1948 Registration District No. 997 Primary Registration District	,
: <b>a</b>	1. PLACE OF DEATH: (a) County Henry	2. USUAL RESIDENCE OF DECEASED: (a) State Mis Souri (b) County Henry
RECORD	(b) City or town Blairstown (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town Blairstown (If outside city or town limits, write "RURAL")
INT	(d) Length of stay: In hospital or institution, write street number or location)	(d) Street No(If rural, give location)
PERMANENT	In this community lyr (Specify whether years, months or days)	(e) Citizen of foreign country?(Yes or No)  If yes, name country
UNFADING BLACK INK-MAKE A PERI	3. (a) PRINT Anne Marie Davis	MEDICAL CERTIFICATION  20. DATE OF DEATH; Month Och day 20
	3. (b) If veteran, 3. (c) Social Security  name war. X No. X'	year 1948 hour 8 minute 157 M.M.
	5. Color or 6. (a). Single, widowed, married, divorced. single 6. (b) Name of husband or wife	21. I hereby certify that I attended the deceased from that I last say labeled to the to to the tast I last say labeled to the date and hour stated above.  Duration
	7. Birth date of deceased Feb. 27, 1947 (Month) (Day) (Year)	Immediate cause of death, Fractured Sheell Run over by truck, and died in distill
OING	8. AGE: Years Months Days If less than one day  1 . 7 23	Due to.
WRITE PLAINLY-USE UNFAD	9. Birthplace Kansas City Mo (State or foreign country)	Other conditions
	10. Usual occupation X	(Include pregnancy within 5 months of death)  Major findings:  PHYSICIAN
	E   12. Name Fromer Lee Davis   C     Z   13. Birthplace   Hartville   Mo.   (City, town, or county)   (State or foreign country)     E   (14. Maiden name Isebelle   Melcolm   Herirs   (Colm   Herirs   Colm   Herirs   Colm   Herirs   (City, town, or country)	Of operations Underline the cause to which death should be charged sta-
	14. Malden name. Isebelle Melcolm Herirs  15. Birthplace Polmont Scotland  (City, town, or county)  16. (a) Informatic Froman Lee Davis	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (specify)
	(b) Address Blairstown, Mo.  17. (a) Burial (Burial, Crematica, or removal) (Month) (Day) (Year)	(b) Date of occurrence COCY 70/9 8 (County) (County) (State)  (c) Where did injury occur? (City or town) (County) (State)  (d) Did injury occur in or about home, an farm, in Industrial place in public place?
	(c) Place: burial or cremation	(d) Did injury occur in or about home, on farm, in Industrial place in public place?  Hulling Alattic Assult fast place in public place?  (Phile at work? (e) Means of Injury June 12
	(b) Address Chilhowee, Missouri.	Bottom S. Galle genant Casone
	(Date received local registrar) (Registrar's signature) (Licensed Embalmer's Sta	tement on Reverse Side)

RECEIVED

District File Number 25.28.1233

Date Filed approximation 25.28



CONTACTOR ATTENDED	T) 37	T TOTAL STATE	TORATO A TRANSPORT

,	on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	Signed July Cook

P.O. Addres Chilhouse, Mo

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

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