

FILED DEC 20 1948
Registration District No. 287

Primary Registration District No. 5902

Registrar's No. 110

1. PLACE OF DEATH:

(a) County PEMISCOT
(b) City RURAL HAYTI TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community ALL OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PEMISCOT
(c) City or town HAYTI TWP
(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 ROSEMARY JEAN DAVIS

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race COL 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased AUG 29 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 6 hr. min.

9. Birthplace DEKALB ILL
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name RICHARD DAN DAVIS

13. Birthplace BOYLE MISS
(City, town, or county) (State or foreign country)

14. Maiden name MARY LOUISE MASTERSON

15. Birthplace LOUISVILLE KY
(City, town, or county) (State or foreign country)

16. (a) Informant RICHARD DAN DAVIS

(b) Address HAYTI Mo Box 51

17. (a) BURIAL (b) Date thereof 12-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HAYTI Mo.

18. (a) Signature of funeral director Valhalla Fun Home

(b) Address Hayti, Mo.

19. (a) 12/10/48 (b) John W. Herman
(Date received local registrar) (Registrar's signature) 406

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h. or alive on Dec-2nd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Dis Colitis Duration few days

Due to _____

Due to _____

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

Major findings: Of operations 1196

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) (c) Means of injury _____

23. Signature John W. Herman (M. D. or other)

Address Hayti, Mo. Date signed 12/10/48

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

MOTHER FATHER

12-48-343

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.

not embalmed

Signed.....

John W German

Licensed Embalmer No.: *4355*

P. O. Address: *Hayti, 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.