

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2059

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 3

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> | |
| c. LENGTH OF STAY (In this place) <u>2 Years</u> | | d. STREET ADDRESS (If rural, give location) <u>610 W. 6th, St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 W. 6th, St.</u> | | d. STREET ADDRESS (If rural, give location) <u>610 W. 6th, St.</u> | |
| 3. NAME OF DECEASED a. (First) <u>Viola</u> b. (Middle) _____ c. (Last) <u>Davis</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1949</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 30, 1901</u> |
| 9. AGE (In years last birthday) <u>47</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>7 X</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Francis, Co., Ark.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>J. B. Davis</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No X</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Davis</u> | | ADDRESS <u>Caruthersville, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxic Myocarditis</u> DUE TO (c) <u>Influenza</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville, Pemiscot, Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Sept 1948</u> , to <u>January, 1949</u> , that I last saw the deceased alive on <u>Jan. 17, 1949</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J.W. Cooke</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Caruthersville, Mo.</u> | |
| 23c. DATE SIGNED <u>Jan. 19, 49</u> | | 24. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 21, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Morgan ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Jan. 26, 1949</u> | REGISTRAR'S SIGNATURE <u>Tressie B. Weeks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> | ADDRESS <u>Fun. Home Caruthersville, Mo.</u> |

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

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1-49-42

JUL 19 1955

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Lawrenceville, Mo.

Signed _____
Student Embalmer

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.