

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29791

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>404 N. Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 N. Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) _____ c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>Jan 29, 1949</u>
9. AGE (In years last birthday) <u>7</u> UNDER 1 YEAR (Months) <u>27</u> IF UNDER 12 HRS. (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) <u>Seattle Wash.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Joseph Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Peterson</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Davis Kennett Mo.</u>		ADDRESS _____	
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>Pneumonia Lobar</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490m</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>27 Sept, 1949</u> , to <u>27 Sept, 1949</u> , that I last saw the deceased alive on <u>27 Sept, 1949</u> , and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James B. Cook</u> (Degree or title) _____		23b. ADDRESS <u>Kennett Mo.</u>	
23c. DATE SIGNED <u>10-3-49</u>			
24a. SPECIAL CREMATION (REMOVAL) (Specify) <u>Funeral</u>		24b. DATE <u>9-28-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 3-1949</u>		REGISTRAR'S SIGNATURE <u>and husband</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leola Service</u>		ADDRESS <u>Kennett Mo.</u>	

RECEIVED OCT 10 19  
District Health Office No.  
District File Number 1049-  
Date Filed

**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.

Student \_\_\_\_\_  
Student Embalmer

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.