

FILED APR 20 1950

STANDARD CERTIFICATE OF DEATH

134-30  
State File No. \_\_\_\_\_  
Registrar's No. 7

0493  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jasper</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Carthage</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>	
c. LENGTH OF STAY (in this place) <b>40 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Carthage</b>		d. STREET ADDRESS (If rural, give location) <b>1719 Hillcrest Drive</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1719 Hillcrest Dr.</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mary</b>		b. (Middle) <b>Emma</b>		c. (Last) <b>Davis</b>	
4. DATE OF DEATH		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>March 12, 1885</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>28</b>		IF UNDER 24 HRS. Hour <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Jasper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>George Wm Davis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thelma Hoover, 1719 Hillcrest, Carthage</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>						<b>5 minutes</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____ <b>0</b>					
		DUE TO (c) _____ <b>0</b>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<b>0</b>	
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) (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>13 Sept</u> , 19 <u>49</u> , to <u>10 Apr '50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2<sup>d</sup> Feb '50</u> , 19 <u>50</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. B. Clinton</i>				23b. ADDRESS <b>Carthage, Mo.</b>		23c. DATE SIGNED <b>10 Apr '50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Apr 13, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Apr 13, 1950</b>		REGISTRAR'S SIGNATURE <i>H. B. Clinton</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary</b>		ADDRESS <b>Carthage, Mo.</b>	

RECEIVED 4/17/50  
Jasper County Health Office

County File Number 50-3-326

Date Filed 4-18-50

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.