

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23238

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <i>Clinton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clinton</i>	
b. CITY OR TOWN <i>N.W. of Aloutus</i>		c. CITY OR TOWN <i>Aloutus N.W. 3 miles</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>030</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mrs</i> b. (Middle) <i>Yemima</i> c. (Last) <i>Francos Davis</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 30 1950</i>		
5. SEX <i>Fe.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>3/27/1856</i>	9. AGE (In years last birthday) <i>94</i>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>NY</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Henry Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Pherba Gossap</i>	
14. NAME OF HUSBAND OR WIFE <i>John Davis</i>		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 <i>Charles W. McIlwain</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Charles W. McIlwain</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Charles W. McIlwain</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>3 day</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sabot Pneumonia</i>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				
		DUE TO (c) <i>Nephritis Acute.</i>				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<i>1190 X</i>	

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 *June 15, 1950*, to *June 30, 1950*, that I last saw the deceased alive on *June 30, 1950*, and that death occurred at *4 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Charles W. McIlwain</i> (Degree or title) <i>DD</i>		23b. ADDRESS <i>Clinton Mo</i>		23c. DATE SIGNED <i>7/2/50</i>	
---	--	--------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/2/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Fanning</i>	
24d. LOCATION (City, town, or county) (State) <i>N.E. of Aloutus Mo</i>		24e. FUNERAL DIRECTOR'S SIGNATURE <i>Edith Bahilde</i>		24f. ADDRESS <i>430 S. 5th St. St. Louis Mo</i>	

DATE REC'D BY LOCAL REG. <i>July 20-50</i>		REGISTRAR'S SIGNATURE <i>Edith Bahilde</i>		5. FUNERAL DIRECTOR'S SIGNATURE <i>Edith Bahilde</i>	
--	--	--	--	--	--

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



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, ~~by~~ _____

~~Student Embalmer No.~~ _____

~~working under my personal supervision.~~

~~Student Embalmer~~ _____

Signed _____

Licensed Embalmer No. 1898

P. O. Address. Stoubergy, 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.