

FILED APR 10 1947
 Registration District No. 2497 Primary Registration District No. 3057

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 73 Years
 In this community 73 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Richmond
 (d) Street No. 129 S. College St.
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME Edwena Menefee Davis
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 9
 year 1947 hour 8 minute 15.P. M.
 21. I hereby certify that I attended the deceased from May 9 1947
 to 47 March 9 1947
 that I last saw her alive on March 9 1947
 and that death occurred on the date and hour stated above

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Harry M. Davis
 (c) Age of husband or wife if alive 79 years

Immediate cause of death Acute Dilatation
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

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

9. Birthplace Richmond Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

Major findings: 95c
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Berrien J. Menefee
 13. Birthplace Collpeper Co. Va.
 14. Maiden name Elizabeth Newland
 15. Birthplace Pike Co. Mo.

16. (a) Informant H.M. Davis
 (b) Address Richmond, Mo.
 17. (a) Burial (b) Date thereof Mar. 12, 1947
 (c) Place: burial or cremation Richmond, Mo.

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

18. (a) Signature of funeral director [Signature]
 (b) Address Richmond, Mo.
 19. (a) Mar. 13-1947 (b) maley jackson
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or R. D.)
 Address Richmond Date 3/12/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-10-17

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.

Signed [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.