

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

4457

State File No. ....

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
17 N. Bell Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community All his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 17 N. Bell Ave. 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bernis Brown Davis

3. (b) If veteran, name war Civil (Confederacy) 3. (c) Social Security No. X

4. Sex M. 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Remington 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased August 10 1848  
(Month) (Day) (Year)

8. AGE:	Years <u>92</u>	Months <u>5</u>	Days <u>5</u>	If less than one day hr. _____ min. _____
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 1941 hour 4 minutes 30 A. M.

21. I hereby certify that I attended the deceased from July, 1940, to Jan 15, 1941;  
that I last saw him alive on Jan 8, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis. 5 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 94 W  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Arrow Rock, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business "

MOTHER FATHER { 12. Name William Davis

13. Birthplace Halifax, Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy H. Brown

15. Birthplace Saline County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Dowd

(b) Address 3430 Cypress R. Co.

17. (a) Burial (b) Date thereof Jan 17 '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director Charles H. Sweeney

(b) Address Marshall, Mo.

19. (a) 1-16-41 (b) Ray Kent  
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO.

(b) Date of occurrence no

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
NO

While at work? NO (Specify type of place) (e) Means of injury none

23. Signature Robert Campbell (M. D. or other) D  
Address Marshall Mo. Date signed 1/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
9-19-41  
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3238

P. O. Address MacLure Ave

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.