

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29464

Registration District No. 792 Primary Registration District No. 4473 Registrar's No. \_\_\_\_\_

**FILED SEP 17 1941**

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Turner Rock, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Turner Rock  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Linwood Davis

3. (b) If veteran, name war  3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary D Davis 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Dec. 13 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Mail Room station

11. Industry or business Agent

12. Name Wade H. Davis

13. Birthplace Calderell Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ella Perit

15. Birthplace Idell (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary D Davis

(b) Address Turner Rock, Mo

17. (a) Burial (b) Date thereof Aug 22-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Rock, Mo

18. (a) Signature of funeral director Campbell-Kerr

(b) Address Marshall Mo

19. (a) Sept 11 1941 (b) B. E. Rumba  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 21 to July 21 five of death that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Stroke

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

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

Other conditions  (Include pregnancy within 3 months of death) 43A

Major findings: Of operations  None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. E. Bradshaw (M. D. or other) \_\_\_\_\_

Address Turner Rock Mo Date signed 8-18-41

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

MOTHER FATHER

**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 B.W. Campbell  
Licensed Embalmer No. 3469  
P. O. Address Marshall, N.C.

**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.**