GMT NOV 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35695
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 763
(c) City SPRINGFIELD — (d) Street No. St. John's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 120 Baby Bobby Joe Davis -
(a) Residence, No. Lebanon Mo St. Lebanon Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1938
7. AGE ✓ — YEARS 0 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo

FATHER
13. NAME Mr. John L Davis -
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

MOTHER
15. MAIDEN NAME UK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK

17. INFORMANT (ADDRESS) John L Davis Lebanon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon, Mo DATE 10-15 1938
19. FUNERAL DIRECTOR (ADDRESS) Taken Home By Car — Father
20. FILED 10-15 1938 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/38 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15/38, 19..., to 10/15/38, 19...
I last saw him alive on 10/15/38, 19... Death is said to have occurred on the date stated above, at 10 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital aplasia of the ileum c̄ intestinal obstruction	10-12-38

Other contributory causes of importance: 15TH

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Eug J Schwartz M.D., M. D.
(Address) 342 Med Arts Bldg Springfield

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)