

DEC 18 1939

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

40097  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467  
(b) Township Aurora Primary Registration District No. 4280  
(c) City Aurora (d) Street No. 14 West Locust 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 Ernest E Davis

(a) Residence, No. 14 West Locust St St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Grocer  
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) Montgomery County  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Mansfield T Davis  
14. BIRTHPLACE (CITY OR TOWN) Tyler County  
(STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Mary Stone  
16. BIRTHPLACE (CITY OR TOWN) Marion County  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Maude Davis  
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Aurora Mo. DATE Nov. 5, 1939

19. FUNERAL DIRECTOR (NAME) J. F. King  
(ADDRESS) Aurora Mo.

20. FILED 12-1 1939 R. D. Cavan, M.D.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1938, to November 3, 1939  
I last saw him alive on November 3, 1939. Death is said to have occurred on the date stated above, at 5.30 A. M.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Date of onset Nov 20, 1939

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis Cholesterol 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? No  
If so, specify \_\_\_\_\_  
(Signed) Dr. Russell H. Kelley, M. D.  
(Address) 16 E. Locust St.  
Aurora, Mo.

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.

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**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..... *Herman Surridge*

Licensed Embalmer No... *3072*

P. O. Address... *Aurora 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, above space should be left blank.**