

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44070  
Registrar's No. 64

Registration District No. 571

Primary Registration District No. 4835

1. PLACE OF DEATH:

(a) County Moniteau, CO,  
(b) City or town California, MO, Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Yrs, (Specify whether  
In this community 5 Yrs,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lottie M. Davis, 120  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. NO

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Richard Davis 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Dec 24 1915  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>11</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace St Louis, Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_  
12. Name Frank Coleman  
13. Birthplace Randolph, Co.  
(City, town, or county) (State or foreign country)  
14. Maiden name Isobell Mosley  
(City, town, or county) (State or foreign country)  
15. Birthplace Berger, MO,  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Coleman  
(b) Address 5036 Sunkin St

17. (a) Removal (b) Date thereof Dec. 5, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jefferson, City, Cem

18. (a) Signature of funeral director Boulis Funeral Home  
(b) Address California, Mo

19. (a) 12-2-1939 (b) H.R. Popejoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1939 hour 5 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 15  
1939 to Dec 1, 1939  
that I last saw her alive on Dec-1, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 wk

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. J. Devision (M. D. or other) MD  
Address California, Mo. Date signed 12/2/39

PHYSICIAN

Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING

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

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 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 Earl R. Boulton  
Licensed Embalmer No. 2126  
P. O. Address California 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.**