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

FILED MAR 14 1940

8369
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard — Registration District No. 838

(b) Township Liberty — Primary Registration District No. 6098B — Registered No.

(c) or City Dexter, — (d) Street No. ..... 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.

120

2. PRINT FULL NAME Herbert Davis

(a) Residence, No. Dexter, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1940

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 6 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) Dexter, Missouri

FATHER
13. NAME Moy Wray Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swinton Missouri

MOTHER
15. MAIDEN NAME Hortense Madenlene Farmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitecloud Kansas

17. INFORMANT (ADDRESS) Mr. Moy Davis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dowdy Cemetery DATE Feb. 8 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED 3/8 1940 Jennie Burton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1940, to Feb. 7, 1940
I last saw him alive on Feb. 7, 1940 Death is said to have occurred on the date stated above, at 10.05A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died immediately after birth, prolong difficult delivery.	
Anoxemia	

Other contributory causes of importance:

160B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) George J. Schaefer, M. D.
(Address) Dexter, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

SOM-9-19-38 I X16605

RECEIVED
District Health Officer No. 2,
District File Number 340-75
Date Filed 3/13/40

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.....

P. O. Address.....

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.