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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1940

Registration District No. 73

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 10164

Registrar's No. 62

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town COLUMBIA MISSOURI
(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 Howard

(c) City or town Fayette
(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 LIONEL DAVIS 120

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 WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) (Day) 1885 (Year)

8. AGE: Years about 55 | Months | Days | If less than one day hr. min.

9. Birthplace FAYETTE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business

FATHER
12. Name WINCHESTER DAVIS
13. Birthplace FAYETTE (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ESTELLE PREWITT
15. Birthplace FAYETTE (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant WENDALL DAVIS
(b) Address FAYETTE MISSOURI

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT RIDGE

18. (a) Signature of funeral director GUY T. HALLEY
(b) Address FAYETTE MO.

19. (a) 3/20/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19 year 40 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~[illegible]~~ Heart collasp	
Due to Coronary Thrombus	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94B	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. R. Toalson Coroner (M. D. or other)
Address 278 N 8th Date signed 3-20-40

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.