DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18369

FILED JUN 14 1940

Registration District No. 702 Primary Registration District No. 6231 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) ~~City or~~ town Rural - Clay
(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 ✓ (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Elisa Anna Davatz 132

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Davatz

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

7. Birth date of deceased September (Month) 3 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	22	hr. min.

9. Birthplace Gasconade (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER / FATHER

12. Name John Casper Cordes

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Frederica Ahlers

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Henry Jewell

(b) Address Bland - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery - old Bland

18. (a) Signature of funeral director Sassmann Funeral Service

(b) Address Bland - Mo.

19. (a) 5-25-40 (Date received by local registrar) E. A. Bunge M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1940 hour 3 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 25, 1940, to May 25, 1940 that I last saw her alive on May 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Gastritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operations	
Of autopsy No	

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) No

(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 E. A. Bunge (M. D. or other)

Address Bland Mo Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

115C

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.....

Chester W. Sassmann, Registered Apprentice No. 216

working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, Mo

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

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
X22659

DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 18369

Registration District No. 802 Primary Registration District No. 6231 Registrar's No.

SUBSEQUENT PROOF

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

1. PLACE OF DEATH:
(a) County Jasper
(b) ~~City or town~~ Carl Jct.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Elisa Anna Davis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

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

8. AGE: Years 75 Months 8 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1940 hour minute 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.
Immediate cause of death acute Gastritis Duration
Due to I Don't Know Cause
Due to
Other conditions (Include pregnancy within 3 months of death) 118C
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 C. A. Bunge (M. D. or other)
Address Bland Mo Date signed

SUPPLEMENTARY