

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin Mo.
 (b) City or town Halcomb Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Halcomb Mo R I
 (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)

3. (a) PRINT FULL NAME HENRY LUTHER DAVIS 120

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-184304

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal Davis 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased March 29 1918
 (Month) (Day) (Year)

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

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

10. Usual occupation Usual Farming

11. Industry or business Department Store

12. Name Henry Davis

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

14. Maiden name Mary W Johnson

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

16. (a) Informant's own signature Opal Davis

(b) Address Halcomb

17. (a) Burial (b) Date thereof July 13 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation U. Carver

18. (a) Signature of funeral director James Funeral Home

(b) Address Halcomb

19. (a) July 13 (b) 49 (c) H. Anderson
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
 year 1940 hour 1 PM 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 Due to Explosion of Boiler
James Kendrick

Due to _____
 Due to Explosion of Saw Mill Boiler
cause unknown

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? 2501
 (Specify type of place) (e) Means of injury _____

23. Signature W. H. Anderson (M.D. or other) _____
 Address Halcomb Mo Date signed 7/13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE FILLING IN—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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X10311

205102
194

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21676
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 286

Primary Registration District No. 340413

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Halescomb T.P.
(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 _____ (Specify whether _____)
years, months or days

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 Henry Luther Davis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
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 22 Months 3 Days 11 If less than one year _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: July 11
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above

Immediate cause of death Explosion of boiler
Duress Verdict
Duration _____
Due to Explosion of saw mill boiler cause unknown
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 205 m
Of operations _____
Of autopsy _____ 11

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) an accident
(b) Date of occurrence 7/11/40
(c) Where did injury occur? in saw mill (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Common Labor (Specify type of place)
While at work? yes (e) Means of injury Death
23. Signatur Otto Kilburn (M. D. or other) _____
Address Halescomb Mo

Saw Mill Boiler Explosion at Halescomb Mo Dunklin Co

SUPPLEMENTAL

