

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 653

Primary Registration District No. 4390

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Remick
 (b) City or town Hayt
 (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 _____
 In this community 9 mos -
 years, months or days (Specify whether 120)

3. (a) PRINT FULL NAME Willie Lee Davis

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex M 5. Color or race col
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 2 years (Day) (Year) 1939

7. Birth date of deceased 8 (Month) 2 (Day) 1939 (Year)

8. AGE: Years 9 Months 20 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Hayt - (City, town, or county) MO (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Willie Davis
 13. Birthplace Miss (City, town, or county) (State or foreign country)
 14. Maiden name Kitty May Salomon
 15. Birthplace Monticello Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo. L. Wright
(b) Address Hayt - MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hayt - MO

18. (a) Signature of funeral director Smith & Kell
(b) Address Hayt - MO

19. (a) 6/24/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Remick
 (c) City or town Hayt -
 (If outside city or town limits, write "RURAL")
 (d) Street No. opposite Public School
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6/20, 1940, at 6/22, 1940 that I last saw him alive on 6/21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Iles Colitis
 Due to Improper Feeding
 Other conditions _____
 (Include pregnancy within 3 months of death) 11918

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Fred L. Ogilvie (M. D. or other) 6/24/40
Address Cummersville MO Date signed

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

Rev. 5-17-39 I 41951

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.

7-40.5

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.