

No. 2  
11-10-39  
-17-39  
I X21492

FILED AUG 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24572**  
Registrar's No. **144**

Registration District No. **73** Primary Registration District No. **3006**

1. PLACE OF DEATH:  
(a) County **Boone**  
(b) City or town **Columbia**  
(c) Name of hospital or institution: **Christian College**  
(d) Length of stay: In hospital or institution **35 years**  
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** County **Boone**  
(c) City or town **Columbia**  
(d) Street No. **410 S. E. Ave**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **EDWIN G. DAVIS 120**  
(b) If veteran, name war **None** (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **8<sup>th</sup>** year **1940** hour **11** minute **20 A. M.**

4. Sex **Male** Color **White** 5. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from **March 1<sup>st</sup>** 19**39** to **July 8<sup>th</sup>** 19**40**  
that I last saw him alive on **July 8<sup>th</sup>** 19**40**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Myocarditis + Abdominal ascites**

7. Birth date of deceased **July 25 1865**  
(Month) (Day) (Year)  
8. AGE: Years **74** Months **11** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Valvular Regurgitation**  
**Valvular**  
Due to **Influenza (Perhaps)**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Callaway Co Mo**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farmer**  
11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name **Edison F. Davis**  
13. Birthplace **Callaway Co Mo**  
14. Maiden name **Nettie Nichols**  
15. Birthplace **Callaway Co Mo**  
16. (a) Informant **Mrs. W. P. T. T. T.**  
(b) Address **St. Louis, Mo**  
17. (a) **Burial** (b) Date thereof **7-10-40**  
(c) Place: burial or cremation **Columbian Cem.**  
18. (a) Signature of funeral director **W. P. T. T. T.**  
(b) Address **Columbia, Mo**  
19. (a) **7/10/40** (b) **Allie Selby**  
(Date received by local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **74**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Lloyd Simpson** (M. D. or other) \_\_\_\_\_  
Address **801 Perry Columbia Mo** Date signed **7-9-40**

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

**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. *4132*

P. O. Address *Coburnia, Pa.*

**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.**