

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 5111

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Boone *MD*

(b) City or town Centralia (Rural) #5  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 2  
(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 Mo (b) County Boone

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

(d) Street No. R. F. D. #5  
(If rural, give location)

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

3. (a) PRINT FULL NAME William I. Davis 120

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1940 hour 11 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Edna Davis 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. 8, 1883  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

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

56 10 9 hr. \_\_\_\_\_ min. 0

Immediate cause of death Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy None

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Chas. Davis

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

14. Maiden name Alice Little

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(b) Address Centralia, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 7/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union

(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? \_\_\_\_\_

18. (a) Signature of funeral director Edna Davis

(b) Address Mexico, Missouri

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) 7/2/40 (b) F. N. Bender  
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Tolson 5  
Address 218 N - 8th Col. Mo. Date signed 7-17-40

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.

**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.....

*[Handwritten Signature]*

Licensed Embalmer No.....

3564

P. O. Address.....

*[Handwritten 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.**