S. No. 2
-11-10-39
5-17-39
I X21492

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

(Mrs Eliza Jane David)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31993

FILED OCT 18 1940

Registration District No. 914 Primary Registration District No. 4190 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry Mo (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 ✓ 2 (Specify whether years, months or days)

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town Stanberry (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 Mrs. Eliza Jane David

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex H

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Wm. L. David

6. (c) Age of husband ~~or wife if~~ alive 83 years

7. Birth date of deceased July (Month) 13 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	0	✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business at Home

FATHER
12. Name James H. Campbell
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary J. Laboon
15. Birthplace ✓ (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Clarence David

(b) Address Stanberry Mo

17. (a) High Ridge Stanberry Mo (Burial, cremation or removal) (b) Date thereof Sept 15-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry Mo

18. (a) Signature of funeral director Luton H. Bhultiya

(b) Address Stanberry Mo

19. (a) 9/14/40 (Date received local registrar) (b) C. A. Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1940 hour 2 minute 55A M.

21. I hereby certify that I attended the deceased from Jan 1937 ~~Sept 12 1940~~, to Sept 12, 1940 that I last saw her alive on Sept 11-1940, 19__; and that death occurred ~~on the date~~ and hour stated above.

Immediate cause of death Tumor of brain — Duration 12 yrs

Diagnosed by Mayo Clinic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 55

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) ✓

(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? ✓ 2 (Specify type of place)

While at work? (e) Means of injury

23. Signature F. J. Hinkley (M. D. or other)

Address Stanberry Mo Date signed Sept 14-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 Laton H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry Md

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

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