

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

38598

Registration District No.

272

Primary Registration District No.

5329

Registrar's No.

73

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava BENTON  
(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 \_\_\_\_\_  
years, months or days 2

3. (a) PRINT

FULL NAME Hiram B. Davis

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. None

4. Sex Male

5. Color or  
race White

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

6. (b) Name of husband or wife  
Martha J. Davis

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased June 2 1866  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

74

5

14

hr.

min.

9. Birthplace

Douglas Co

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Farming

(1)

11. Industry or business

MOTHER FATHER

12. Name J. S. Davis

1

13. Birthplace Tenn.

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown

(City, town, or county)

(State or foreign country)

15. Birthplace Unknown

9

16. (a) Informant's own signature G. Felda Davis

(b) Address

Ava, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 11-17-40

(Month) (Day) (Year)

(c) Place: burial or cremation

Ava

18. (a) Signature of funeral director

Clinkingbeard Funeral Home

(b) Address

Ava, Mo.

19. (a) 11-26-1940

(Date received local registrar)

(b) Reba King White

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Ava, Mo  
(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 Nov day 16  
year 1940 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from  
11-1, 1940, to 11-13, 1940  
that I last saw him alive on 11-13  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Failure

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

(M. D. or other)

Date signed 11-21-40

*Dr. M. C. Hentz*

RECEIVED

District Health Officer No. 6,

District File Number *1140-2916*

Date Filed *DEC 3 1940*

---

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 *W. B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Gainesville, Tex.*

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.