FILED JAN 13 1941

o. 2
-10-39
7-39
X21492
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42386

State File No.

Registration District No. 957 Primary Registration District No. 5392 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Douglas
(b) ~~City or town~~ Rural Jackson Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Drury Rt 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 7 years 2 months 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas
(c) City or town Drury, Rt 1
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Wm Adenia Davis.

8. (b) If veteran, name war

3. (c) Social Security No. 100

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Mary Ellen Fleming

6. (c) Age of ~~husband or~~ wife if alive 80 years

7. Birth date of deceased October (Month) 22 (Day) 1854 (Year)

8. AGE: Years 86 Months Days 1 3 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Ellison Davis

13. Birthplace Not known (City, town, or county) Tenn. (State or foreign country)

14. Maiden name Martha Owen

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

16. (a) Informant Dora Huffman

(b) Address Drury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Vincent Cemetery

18. (a) Signature of funeral director Friends

(b) Address

19. (a) 12-23 1940 (Date received local registrar) (b) Geba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th year 1940 hour 12 minute 4 57 A.M.

21. I hereby certify that I attended the deceased from Oct 22, 1940, to Nov, 1940, that I last saw him alive on Oct 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Disease of heart
Mitral stenosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

(e) Means of injury

While at work?

23. Signature J. L. Gentry (M. D. or other)

Address Ava Mo Date signed 11-19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141-3078
Date Filed JAN 3 1941

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 w the above constitutes grounds for revocation of license.)

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