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

16
1
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2083

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 314 rear S. Middle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 11
(If outside city or town limits, write "RURAL")

(d) Street No. 314 rear S. Middle
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 8 years.

3. (a) PRINT FULL NAME Claude Davis

3. (b) If veteran, name war World War

3. (c) Social Security No. -----

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Edna Davis

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased December 25, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	0	12	hr. min.

9. Birthplace Cape Girardeau, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business ----------

FATHER
12. Name Abraham Davis
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Davis
(b) Address 314 Rear S. Middle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau

19. (a) 1-9-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 41 hour minute M.

21. I hereby certify that I attended the deceased from 1-5, 1941, to 1-6, 1941
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Labor) — Duration

Due to

Due to 108

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 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)
121
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]
Address Cape Girardeau Date signed 1/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank Sparks, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Pope Gunnison

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.