

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9296

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 2706

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1404 N. Pendleton Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 47 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Harriott Allen Davis

3. (b) If veteran, name war Mil

3. (c) Social Security No. Mil

4. Sex Fem 5. Color or race Col

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

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

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

7. Birth date of deceased March 13, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>11</u>	hr. _____ min.

9. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mil

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mandy Dyer

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Carr

(b) Address 1404 Pendleton Ave.

17. (a) Burial (b) Date thereof 3/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Soledad Ave

19. (a) MAR 26 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1404 Pendleton Ave.
(If rural, give location)

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

20. DATE OF DEATH: Month Mar day 24
year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

[Signature]

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? _____

While at work? _____
(Specify type of place) (e) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 3/25/41

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

13
30
7
9

1003

11
000
17
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10

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. A. Green*.....

Licensed Embalmer No. *1173*.....

P. O. Address *3517 Saclde Cr*.....

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, fact should be so stated above.