

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14866

State File No. _____

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH: Laclede
 (a) County Laclede
 (b) City or town Rehoboth Mo R1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Laclede
 (c) City or town Rehoboth Mo R1
 (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.? 0 years.

3. (a) PRINT FULL NAME John W Davis
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 19
 year 1941 hour 5 minute _____ P. M.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
 alive ✓ years _____
 7. Birth date of deceased Mar 24 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 17
 1941, to April 19, 1941;
 that I last saw him alive on April 17, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 0 Days 25 If less than one day
 hr. _____ min. _____

Immediate cause of death: Chronic myocarditis & myocardial degeneration
 Due to _____
 Due to _____

9. Birthplace Laclede Co Mo 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions Prostatic Hypertrophy
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name William Davis
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Theresa Thompson
 15. Birthplace Tenn
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Ray E. Davis
 (b) Address Liberman, Mo
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director E. N. Stewart
 (b) Address Rehoboth Mo
 19. (a) 4-21-41 (b) J. A. McCoub
 (Date received local registrar) (Registrar's signature)

23. Signature J. A. McCoub (M. D. or other) 0
 Address Rehoboth Mo Date signed 4-21-41

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

RECEIVED

District Health Officer No. 7,

District File Number 5-41-827

Date Filed 5-9-41

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 E. N. Stewart

Licensed Embalmer No. 1585-

P. O. Address Lebanon Mo.

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.