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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAILED MAY 20 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15363

State File No. \_\_\_\_\_  
Registrar's No. 18

Registration District No. 632

Primary Registration District No. 4882

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

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Thayer  
(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 53 years  
years, months or days

3. (a) PRINT FULL NAME Nancy Elizabeth Davis  
3. (b) If veteran, name war. --  
3. (c) Social Security No. --

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Loerwood D. Davis  
6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased February 26 1864  
(Month) (Day) (Year)  
8. AGE: Years 77 Months 1 Days 7  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name Alexander Wasson  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Pears  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Loerwood Davis  
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 4/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director L. E. Carr  
(b) Address Thayer, Mo.

19. (a) May 6 - 1941 (b) Lola E. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon 74  
(c) City or town Thayer  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1941 hour 2 minute 20 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
19 41 April 2 19 41  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertension  
Myocarditis  
Myocardial infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Scurvy  
(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? \_\_\_\_\_

562  
23. Signature [Signature] (M. D. or other) [Signature]  
While at work (e) Means of injury \_\_\_\_\_  
Address Thayer, Mo. Date signed 4/5/41

RECEIVED

Health Officer No. 5,

Number 5411639

Date Filed \_\_\_\_\_

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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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**