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FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15601**

Registration District No. **719**

Primary Registration District No. **59370**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **EUTHAN**

(b) City or town **WORTHINGTON**
(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)

3. (a) PRINT FULL NAME **GEORGE ALBERT DAVIS**

3. (b) If veteran, name war _____

3. (c) Social Security No. **86-98-364**

4. Sex **0** **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **MARY DAVIS**

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

7. Birth date of deceased **JAN 26 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 **2** **26** hr. min.

9. Birthplace **SCHUYLER CO MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **CO. ENGINEER**

11. Industry or business

12. Name **JOHN DAVIS**

18. Birthplace **BOONE CO. MO.**
MARTHA (City, town, or county) (State or foreign country)

14. Maiden name **GATLIN**

15. Birthplace **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary S Davis**

(b) Address **Worthington Mo**

17. (a) **burial** (b) Date thereof **APRIL 24, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **TARR CEMETERY**

18. (a) Signature of funeral director **Marechal**

(b) Address **Lancaster Mo**

19. (a) **April 30-1941** **Marnie Martin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **0**

(c) City or town **WORTHINGTON**
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

20. DATE OF DEATH: Month **April** day **22**
year **1941** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 22, 1941** to **April 22, 1941**; that I last saw him alive on **April 22, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 **9**

23. Signature **R. E. Vaughan** (M. D. or other) **D.O.**
Address **Lancaster Mo** Date signed **4/23/41**

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

JAN 2 1947

RECEIVED

District Health Officer No. 10

District File Number

5-41-861

Date Filed

MAY 8 1941

MAY - 8 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.....

TRUE & MINNIE MOREHEAD

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Morehead
by m. morehead

Licensed Embalmer No. 3731-3680

P. O. Address. Lancaster 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, above space should be left blank.