DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25895

Registration District No. 704 Primary Registration District No. 4425 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: Morrisville (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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED: 84
(a) State: Missouri (b) County: Polk
(c) City or town: ~~Rural~~ Morrisville (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME: (F. D.) DAVIS
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____
4. Sex: male 5. Color or race: White 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Golden Davis 6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: April (Month) 17 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	14	____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER 12. Name: Bill Davis
FATHER 13. Birthplace: Tennessee (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name: not known
MOTHER 15. Birthplace: Tennessee (City, town, or county) / (State or foreign country)
16. (a) Informant: Asberry Davis
(b) Address: Brighton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 1-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bronfe
18. (a) Signature of funeral director: Hutchison & Co.
(b) Address: Bolivar, Missouri
19. (a) 8/2-1941 (Date received local registrar) (b) Mrs. E. J. Harrell (Registrar's signature)
883

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1941 hour 12 minute 30 a.m.
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Coronary Occlusion — Was found dead in bed by wife — 9 hr — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis

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)
While at work? ____ (e) Means of injury ____
23. Signature: J. Earl Pitts (M. D. or other) coroner
Address: Bolivar Mo. Date signed 3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1251
Date Filed 8-7-41

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 Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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