

No. 2
-1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29464

Registration District No. 792 Primary Registration District No. 4473 Registrar's No. _____

FILED SEP 17 1941

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Turner Brook
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Turner Brook
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Linwood Davis

3. (b) If veteran, name war

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1941 hour 5 minute 15 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary D Davis 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June, 13, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July at time of death to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death Cerebral thrombosis Sudden

Duration _____

9. Birthplace Turner Brook Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Mail Room station

Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business Agent

Major findings: Of operations None

12. Name Wade H. Davis

13. Birthplace Calder Co. Mo.
(City, town, or county) (State or foreign country)

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Ella Curtis

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

16. (a) Informant Mrs Mary D Davis

(b) Address Turner Brook Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Brook Cem

(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?

18. (a) Signature of funeral director Campbell Kuni

(b) Address Manchester Mo.

While at work? No (Specify type of place) (e) Means of injury _____

19. (a) Sept 14 1941 (b) B. C. Bradshaw
(Date received local registrar) (Registrar's signature)

23. Signature B. C. Bradshaw (M. D. or other) _____
Address Turner Brook Mo. Date signed 8-18-41

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

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 B.W. Campbell
Licensed Embalmer No. 3469
P. O. Address Marshall, W.

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.