

No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31540

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 770

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MEDICAL CENTER FOR FEDERAL PRISONERS 2.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yr. 1 Mos. 18 Da.  
(Specify whether in this community 1 Yr. 1 Mos. 18 Days. years, months or days)

3. (a) PRINT FULL NAME DAVIS, Bill

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced / Separated

6. (b) Name of husband or wife Marie Tomia

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: April 16, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>10</u>	hr. min.

9. Birthplace Ramsay, Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

12. Name ? Davis

13. Birthplace Unknown / Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Gilmore

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

16. (a) Informant Deceased

(b) Address

17. (a) Burial (b) Date thereof Sept 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director [Signature]

(b) Address Spfld, Mo.

19. (a) 9-29-41 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA (b) County Okmulgee 39

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

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

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 26, year 1941 hour 5 minute 05 AM.

21. I hereby certify that I attended the deceased from August 8th, 1940 to September 26, 1941; that I last saw him alive on September 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis of Coronary Arteries.

Due to Arteriosclerosis, general.

Due to

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations

Of autopsy

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) (a) Means of injury

23. Signature [Signature] (M. D. or other) MD  
Address Springfield, Missouri Date signed 9-27-41

187 (Licensed Embalmer) Statement on Reverse Side

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

**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

*R. H. Cheever*

Licensed Embalmer No

*3681*

P. O. Address

*Springfield, 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.**