

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**32000**  
Do not use this space.

FILED OCT 15 1941

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH  
 (a) County MAJOR Registration District No. 547  
 (b) Township MASED Primary Registration District No. 3029  
 (c) City HARRISBURG (d) Street No. 311 1/2 N. MAIN ST. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ARTHUR W. DAVIS  
 (a) Residence, No. 311 1/2 N. MAIN St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-30-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 8 12

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. laborer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynes County Mo

MOTHER  
 13. NAME John Davis  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER  
 15. MAIDEN NAME Alice Roach  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) John Davis 311 1/2 N. Main Harrisburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE Sept. 15, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Hanney Harrisburg Mo.

20. FILED 9-24-41 W. C. Fisher Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1941, to Sept 12, 1941  
 I last saw him alive on Sept 12, 1941 Death is said to have occurred on the date stated above, at 3:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis  
 Date of onset 12/8

Other contributory causes of importance:  
Pulmonary hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. H. ... M. D.  
 (Address) ...

**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 *Michael J. Offenberg*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.**