

No. 2
-1-4-41
-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32790

FILLED OCT 16 1941

State File No. _____

Registration District No. 861

Primary Registration District No. 6132

Registrar's No. 20

1. PLACE OF DEATH:

(a) County TANEY

(b) City or town TANEYVILLE, MO.

(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 7 Mo (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME LEWIS HENRY DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1941 hour 12 minute _____ M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Willa Davis

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 1st 1878

21. I hereby certify that I attended the deceased from July, 1941, to Aug, 1941, that I last saw him alive on July 19th, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 12 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Prothrombin

Due to _____

Due to _____

9. Birthplace Stone Co Ark (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 518

10. Usual occupation Farmer

11. Industry or business _____

12. Name Richard Davis

13. Birthplace Wendover, Va (City, town, or county) (State or foreign country)

14. Maiden name Willa Davis

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

16. (a) Informant Wm W & Portland

(b) Address Samuel, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Berryville Ark

18. (a) Signature of funeral director Berryville Ark

(b) Address _____

19. (a) 8-19-41 (Date received local Registrar) (b) Irene B. Reynolds (Registrar's signature)

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? _____

23. Signature [Signature] (Specify type of place) (M. D. or other)

Address Jasper, Mo Date signed 8/13/41

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

006

115 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1041-1591

Date Filed OCT 13 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.