

STANDARD CERTIFICATE OF DEATH

State File No. 34791Registration District No. 954Primary Registration District No. 5307

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Dent
 (b) City or town rural Sinkin Twp
 (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)

3. (a) PRINT FULL NAME James Horace Davis3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years7. Birth date of deceased Nov. 1 1941
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
3 5 hr. min.9. Birthplace Dent Co. Mo. 10
(City, town, or county) (State or foreign country)10. Usual occupation none11. Industry or business no12. Name Glenn Davis13. Birthplace Bunker, Mo. 2
(City, town, or county) (State or foreign country)14. Maiden name Victoria Hazel Stager15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)16. (a) Informant Glenn Davis(b) Address Bunker, Mo.17. (a) Bay Cemetery (b) Date thereof Nov 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

✓ (c) Place: burial or cremation _____

18. (a) Signature of funeral director none

(b) Address _____

19. (a) _____ (b) A. L. Henson (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Dent 33
 (c) City or town rural Dent Co.
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1941 hour 11:00 A.M. minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Oct. 29, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death General Disability

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 158
Of operations _____

Of autopsy _____

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

- (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no (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) (e) Means of injury no23. Signature L. L. Henson (M. D. or other) _____Address Salem, Mo. Date signed _____

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

3
0
0S. 11-19-39
v. 5-17-39
X21492

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 954

Primary Registration District No. 5368

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Deer
 (b) City or town Rural
(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)

3. (a) PRINT FULL NAME James H. Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 1, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
(If less than one day min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

