

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 556

Primary Registration District No. 4328

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton, Mo.
(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 All his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charley Davis

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minie Davis 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct 9 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Mercer Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Davis
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Woods
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minie Davis
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Sept 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton, Mo.

19. (a) 9/4-41 (b) J M Perry
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1941 hour 3 minute 20 M.

21. I hereby certify that I attended the deceased from _____ 19____ to Sept 3 1941
that I last saw him alive on Sept 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Enlargement of Prostate gland
Due to _____

Due to 5/8
Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____
Of autopsy none

Duration 1 year
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) (2) Means of injury ✓

23. Signature J M Perry (M. D. or other) MD
Address Princeton, Mo Date signed 9/5/41

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.....

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.