No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38314

State File No. 38314

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 923

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: 1201 N Park St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1201 N Park St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jas. Franklin. Davis

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug. (Month) 22 (Day) 1858 (Year)

8. AGE: Years 85 | Months 3 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Laclede (City, town, or county) mO (State or foreign country) D

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Jas. Monroe. Davis
13. Birthplace Laclede (City, town, or county) Mo (State or foreign country) O

MOTHER
14. Maiden name Pauline Castell
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Jas. H. Davis
(b) Address Tulsa Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 41 (Month) (Day) (Year)
(c) Place: burial or cremation Stoutland. MO Cemetery

18. (a) Signature of funeral director Dunn. Funeral Home
(b) Address Springfield MO

19. (a) 11-27-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25-43, year 1941 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from 5-20-41, 19__, to 11-25-41, 19__; that I last saw h. alive on 11-24-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 da.
Due to Accompanying Influenza	5 da.
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	
Major findings: Of operations None done	
Of autopsy None done.	

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

23. Signature Fred A. Stahl M.D. (M. D. or other)
Address Springfield, Mo. Date signed 11-25-41

984

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence L. Hall

Licensed Embalmer No. 2[illegible]

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.