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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39210

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
628 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 years years, months or days)

3. (a) PRINT FULL NAME Thomas Charles Davies

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 Arthusia Davise

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

7. Birth date of deceased March 7 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 8 7 hr. _____ min.

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

10. Usual occupation Retired coal miner

11. Industry or business _____

MOTHER FATHER { 12. Name James Davies

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

14. Maiden name Ann Davis

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

16. (a) Informant Mrs. Arthusia Davies

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Dec 2nd 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan & Son

(b) Address Moberly Mo

19. (a) Dec 2-41 (b) Peale Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2408

(a) State Missouri (b) County Randolph

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

(d) Street No. 628 Woodland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 54 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1941 hour _____ minute 55 a. M.

21. I hereby certify that I attended the deceased from Nov 30 1941, to Dec 1 1941 that I last saw him alive on Dec 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 7 days

Due to Angina Pectoris 1 wks

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

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 Benj. S. Jolly (M. D. or other) DO

Address 201 W. Red Moberly Mo Date signed 12-1-41

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-41-2244

Date Filed DEC 18 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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

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

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