41306

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

JAN 10 1942

Registration District No. 31

Primary Registration District No. 4023

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

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

(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 (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Golden City 0
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BENJIMAN FRANKLIN 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 Elizabeth Davis

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. (Month) - 1 (Day) - 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	2	25	hr. min.

9. Birthplace Orange Co. (City, town, or county) / Indiana (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Squire Davis
13. Birthplace (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Katherine Frye
15. Birthplace (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant's own signature Mrs. B. F. Davis
(b) Address Golden City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Cem. Dade Co. Mo.

18. (a) Signature of funeral director E. A. Phillips
(b) Address Golden City, Mo

19. (a) Dec 27/41 (Date received local registrar) (b) Mrs Margaret G. Jm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1941 hour 1 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1941, to , 19 ;
that I last saw him alive on Dec. 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Intestine	At least 6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46e
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jm Brooks (M. D. or other) 0
Address Golden City, Mo Date signed 12-26-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

District Health Officer No. 6,

District File Number 142-36

Date Filed JAN 6 1942

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.