

No. 2
4-13-40
5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41681
State File No. _____
Registrar's No. 14

DEC 29 1941

Registration District No. 211

Primary Registration District No. 5291

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Rural Marion, Mo.
(c) Name of hospital or institution:
Nearer Snady Hook, Mo.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Brown Station, Mo.
(d) Street No. Rural
(e) If foreign born, how long in U. S. A.?

3. (a) PRINTED FULL NAME Elbert I. Davis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 4 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 5 3 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Sp. P. Davis

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

14. Maiden name Adie Pua

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

16. (a) Informant Phillip W. Davis
(b) Address Brown Station, Mo.

17. (a) Removal & Burial (b) Date thereof 12/9/41
(c) Place: burial or cremation Brown Station Cem.

18. (a) Signature of funeral director _____
(b) Address Jefferson City, Mo.

19. (a) 12/12/41 (b) J. J. Withaus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

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

Immediate cause of death: Body Missing Since Oct. 1st 1941
Was Found Dec. 7th 1941
Due to Drowning

Due to _____

Other conditions in Very Poor Condition
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Unknown
(b) Date of occurrence On or about Oct 1st 1941
(c) Where did injury occur? don't know
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury Drowning

23. Signature Foster S. Whittle (M. D. or other)
Address City Hall Building Date signed 12/17/41

194 (Licensed Embalmer's Statement on Reverse Side) City Mo

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

MOTHER FATHER

Register of City Co. To Jefferson City Special Postal & Remitt.
Number 12-8-41 - Register of City Co. To Jefferson City Special Postal & Remitt.

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.....

Victor Breucher

Licensed Embalmer No.....
3701

P. O. Address Jefferson City, Mo.

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.