No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42791

State File No.

Registration District No. 718

Primary Registration District No. 6830

Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville Iowa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Wayne
(c) City or town Rural Howard Township
(If outside city or town limits, write "RURAL")
(d) Street No. Sewall, Iowa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Bert Chalsmer Davis
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara Davis
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased December (Month) 25 (Day) 1873 (Year)

8. AGE: Years 67 Months 11 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Schyler Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Abraham Davis
13. Birthplace — (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Cinthia Lucas
15. Birthplace — (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Chas Thompson
(b) Address Sewall - Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville Mo. 7 S Hamstock
19. (a) Dec 3 1941 (Date received local registrar) (b) H. W. Gillum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1941 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Dec 1, 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 Suicide by firearms
Due to Shotgun discharged in mouth through
Due to left side of face
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 164C
Of autopsy

Duration
1 do

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) Suicide
(b) Date of occurrence 12-1-41
(c) Where did injury occur? On farm home (City or town) Wayne (County) Iowa (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 2
23. Signature L. W. McDonald (M.D. or other) DO
Address Powersville Date signed 12/2/41

075 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-8
Date Filed JAN 9 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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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.