

S. No. 2
M-9-4-41
Ev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2352

State File No.

FILED FEB 16 1942

Registration District No.

Primary Registration District No. 5488

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: near Clinton Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: all life but 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry
(c) City or town: near Clinton
(If outside city or town limits, write "RURAL")
(d) Street No.: RR (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Wells R DAVIES
3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 13 1942 year. hour minute M.
21. I hereby certify that I attended the deceased from Jan 5, 1942 to Jan 14, 1942 that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex: M 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: Mar 22 1860
(Month) (Day) (Year)

Immediate cause of death: Dysentery of both feet 7 days
Due to: Frost bite 9 days
Due to: sclerosis-sclerosis unknown
Other conditions: none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
81 9 22 hr. min.

9. Birthplace: near Springfield (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Farming

MOTHER FATHER

11. Industry or business
12. Name: Francis Ed Davis
13. Birthplace: Ill (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Green
15. Birthplace: Ill (City, town, or county) (State or foreign country)

Major findings: none 190
Of operations:
Of autopsy: none 199
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: O H Whitlow
(b) Address: Clinton Mo RR
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood
18. (a) Signature of funeral director: Consalus Beck
(b) Address: Clinton Mo
19. (a) Jan 15-1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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) Means of injury:
23. Signature: S B Dyer (M. D. or other) Ill
Address: Clinton, Mo Date signed: Jan 16 1942

RECEIVED

District Health Officer No. 7,

District File Number 2-42-64

Date Filed 2-11-42

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 J. E. Lonsdale

Licensed Embalmer No. 1891

P. O. Address Clinton

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.