

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6032

State File No.

FILED MAR 6 1942

Registration District No. 8942 Primary Registration District No. 3007

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 hrs. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 9
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas M Davis
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 27th -
year 1942 hour 10:55 A. minute A. M.
21. I hereby certify that I attended the deceased from Jan 26 - 1942 to Jan 27 1942
that I last saw him alive on Jan 27 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Rosa Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 25 1870
(Month) (Day) (Year)

Immediate cause of death Cerebral meningitis & pneumonia
Due to Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Duration 1 year

8. AGE: Years 71 Months 11 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Paducah Kentucky (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming
11. Industry or business _____
12. Name Thomas Davis
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 0
23. Signature J. H. Harrison (M. D. or other) _____
Address Poplar Bluff Mo. Date signed 2-7-42

16. (a) Informant Mary Johnson
(b) Address 2278 St. Francis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Clayton H. ...
(b) Address _____
19. (a) 2-12-42 (Data received local registrar) (b) Beale Kenner (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 342-287

Date Filed 3-2-42

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.....

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, fact should be so stated above.