

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10681

State File No.

FILED APR 10 1942

Registration District No. 774

Primary Registration District No. 5382

Registrar's No. 22

1. PLACE OF DEATH:

(a) County. Douglas
(b) City or town. Rome Springcreek
(If outside city or town limits, write "RURAL" and name of township)
(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. (Specify whether
In this community. (Specify whether
years, months or days)

3. (a) PRINT

FULL NAME Daniel Webster Davis

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Hannah Davis 6. (c) Age of husband or wife if alive. 59 years
7. Birth date of deceased. December 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 6 hr. min.

9. Birthplace. Ozark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name John Davis
13. Birthplace. Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Herndon
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hannah Davis
(b) Address. Rome, Missouri
17. (a) Burial (b) Date thereof. 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Fannen

18. (a) Signature of funeral director. Clinkingbeard Funeral Home
(b) Address. Ava, Missouri

19. (a) 4-8-42 (b) Thelma S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Douglas
(c) City or town. Rome Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Dec March 15
only 19 42 to 19 42
that I last saw him alive on March 15
and that death occurred on the date and hour stated above.

Immediate cause of death. Atherosclerosis
& probably sequelae of
spinal cord
Due to. Complete diagnosis
not made

Due to.

Other conditions. (Include pregnancy within 3 months of death) 94

Major findings: Of operations

Of autopsy

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) (e) Means of injury.

23. Signature R M Norman (M. D. brother)
Address Ava Mo Date signed 3/25/42

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

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.....

W.B. Hutchinson

Licensed Embalmer No.....

3431

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.