

S. No. 2
M-1-4-41
v. 5-17-39
I X22390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 3 1942
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10761
State File No. _____
Registrar's No. 167

Primary Registration District No. 2001

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

629
622

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
456 E. Madison
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **2 day**
(Specify whether _____)
In this community **22 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene 039**
(c) City or town **Springfield,**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **456 E. Madison**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Georgiana Davis**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **April 17, 1919**
(Month) (Day) (Year)

8. AGE: Years **22** Months **10** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**
In School

11. Industry or business _____

MOTHER FATHER
12. Name **Joe F. Davis**
13. Birthplace **Jameson, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Georgia May Ireland**
15. Birthplace **Chillicothe, Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mr. J. F. Davis**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **3/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **3-3-42** (b) **D. W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **1**
year **1942** hour **7:10** minute **9:28** A.M.
21. I hereby certify that I attended the deceased from **Feb 28**
1942 to **March 1 1942**
that I last saw **her** alive on **March 1 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Surgical Shock**
Due to **Struck by Train**
Due to **rupture of spleen & possible**
rupture of spleen
Other conditions **1700**
(Include pregnancy within 3 months of death)
Major findings: **no operation**
Of operations _____
Of autopsy **Collision with train**
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) **Accident 006**
(b) Date of occurrence **Feb 27, 1942**
(c) Where did injury occur **Santha Barton Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway
(Specify type of place) (e) Means of injury **Car struck by train**
23. Signature **J. W. Smith** (M. D. or other)
Address **Springfield Mo** Date, signed **Mar 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 *Lewis J. Schaff*.....

Licensed Embalmer No. *3802*.....

P. O. Address *Springfield, 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.