S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11089

Registration District No. 445

Primary Registration District No. 5580

Registrar's No. 15-22

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

50
0
0

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - MERAMEC Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YEAR 1 MONTHS 24 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cape Girardeau

(c) City or town CAPE GIRARDEAU 016
(If outside city or town limits, write "RURAL")

(d) Street No. BEND ROAD 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1.

3. (a) PRINT FULL NAME AUBREY T. DAVIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name ~~of husband or~~ wife GUSSIE DRURY

6. (c) Age ~~of husband or~~ wife if alive ? years

7. Birth date of deceased JANUARY (Month) 14 (Day) 1900 (Year)

8. AGE: Years 42 Months 2 Days 2 If less than one day hr. min.

9. Birthplace FRUITLAND (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation BANK CLERK

11. Industry or business BANK

FATHER
12. Name FLOYD DAVIS
13. Birthplace FRUITLAND (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name ZONA COLYER
15. Birthplace FRUITLAND (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant Brother Rock, O.S.F.
(b) Address St. Josephs Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Walters & Co
(b) Address Cape Girardeau MO

19. (a) 17 Mar 1942 (Date received local registrar) (b) James A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16th year 1942 hour 7 minutes 30 P.M.

21. I hereby certify that I attended the deceased from JANUARY 23, 1940, to MARCH 16, 1942 that I last saw him alive on MARCH 16TH, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to BRONCHO - PNEUMONIA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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)
(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)
While at work? (e) Means of injury

23. Signature Jesse S. Sargent (M. D. ~~or other~~)
Address Eureka, Mo. Date signed 3/17/42

4P

584 (Licensed Embalmer's Statement on Reverse Side)

SEP. 9 1947

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. W. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau 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.