U. S. No. 2
M—1-4-41
Rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

Registration District No. 8290

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6188

State File No. 25597

Registrar's No.

1. PLACE OF DEATH:
(a) County: WAYNE
(b) City or town: KING DISTRICT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 72 years

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

3. (a) PRINT FULL NAME: HENRY R. DAVES
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: M
5. Color or race: W
6. (a) ~~Single, widowed~~, married, divorced: W
6. (b) Name of husband or wife: LUCINDA DAVES
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: July (Month) 14 (Day) 1869 (Year)
8. AGE: Years 72 Months 11 Days 28 If less than one day hr. min.
9. Birthplace: Wayne Co. (City, town, or county) MO (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER 12. Name: KING DAVES
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: John Jones
(b) Address: KING
17. (a) KING (Burial, cremation, or removal) (b) Date thereof: July 3 1942 (Month) (Day) (Year)
(c) ~~Place~~ burial or cremation: King Cemetery
18. (a) Signature of funeral director: Earnest E. Brummett
(b) Address:
19. (a) 7-16-42 (Date received local registrar) (b) Greg Brummett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1942 to July 2 - 1942 that I last saw him alive on April 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer on lip & face	2 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Jno. F. Wagner (M. D. or other) M.D.
Address: Greenridge, Mo. Date signed July 2 1942

(Licensed Embalmer's Statement on Reverse Side).

1222

RECEIVED

District Health Officer No. 4

District File Number 842-967

Date Filed 8-7-48

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.