

FILED AUG 24 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27265
Registrar's No. 55354227

Registration District No. 384

Primary Registration District No. 55354227

1. PLACE OF DEATH:
(a) County: West Plains
(b) City or town: West Plains
(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: 67 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo County: Howell
(c) City or town: West Plains (If outside city or town limits, write "RURAL")
(d) Street No.: County Farm (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country: 0

3. (a) PRINT FULL NAME: Stephen Carlton Davis
3. (b) If veteran, name war: - 3. (c) Social Security No.: -

20. DATE OF DEATH: Month 6 day 20
year 1942 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex: mo 5. Color or race: w 6. (a) Single, widowed, married, divorced: SO
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Jan 18 1875 (Month) (Day) (Year)

Immediate cause of death: Mitral regurgitation & Chronic Myocarditis
Due to: This may have been an remnant of County Farm
Duration: past 2 yrs. He has had
two mnd of 6 yr old child
Other conditions: Dr. Mary
(Include pregnancy within 3 months of death) Just stopped eating

8. AGE: Years Months Days If less than one day
67 0 0 0 hr. min.

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

10. Usual occupation: none

11. Industry or business: _____

MOTHER FATHER
12. Name: Hea Davis
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Buran Carlton
15. Birthplace: Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Stephen Davis
(b) Address: West Plains, Mo

17. (a) (Burial, cremation, or removal) B (b) Date thereof: 09/21-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Massy

18. (a) Signature of funeral director: West Plains, Mo
(b) Address: West Plains, Mo

19. (a) 7-1-42 (Date received) (b) Miss Stanley (Registrar's signature)

Physician: _____
Major findings: _____
Of operations: _____
Of autopsy: PSD

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury: _____
23. Signature: Miss Stanley (M. D. Registrar)
Address: West Plains, Mo Date signed: 7-1-42

1125 (Licensed Embalmer's Statement on Reverse Side)

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

46
1

RECEIVED

District Health Officer No. 5

District File Number

74 2607

Date Filed

8-19-42

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

D. D. Roberts

Licensed Embalmer No.

3432

P. O. Address

West Haven, Ct

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.