S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27810

Registration District No. 6-32-254 Primary Registration District No. 4-3-8-2 4 3 8 6 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Oregon
(b) City or town Thayer Twn
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Abner Davis

3. (b) If veteran, name war --
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mezur Martha Pace
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased February (Month) 10 (Day) 1876 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 66 | 1 | 25 | hr. min. |

9. Birthplace Oregon County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name Eliphaz Davis
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Mary Hagus
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs. Geo. A. Davis
(b) Address Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Davis Cem.
18. (a) Signature of funeral director [signature]
(b) Address Thayer, Mo.
19. (a) 5-9-42 (Date received local registrar) (b) Fae D. Williams (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 5
year 1942 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from March 21 1942 to April 5 1942
that I last saw him alive on April 3 1942
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | |
| Hypertensive Heart Disease | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

430

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 [signature] M. D. or other M.D.
Address Thayer Mo Date signed 4-9-42

1112

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 94-278-2
Date Filed 9-11-42

## 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.....

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.**