

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37278

State File No. _____

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 81

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 601 N. Walker
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Webb City
(If outside city or town limits, write "RURAL")
 (d) Street No. 601 N. Walker
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME F. LYNN Buford Davis

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 9
 year 1942 hour 6:55 minute A. M.

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Infant

21. I hereby certify that I attended the deceased from November 8, 1942, to November 9, 1942.
 that I last saw him alive on November 9, 1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 31, 1942
(Month) (Day) (Year)

Immediate cause of death Epidemic Encephalitis Duration 1 1/2 hours

8. AGE: Years	Months	Days	If less than one day
<u>No</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

Due to _____
 Due to _____

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

Other conditions 370
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

11. Industry or business _____

Major findings: 370
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name John Davis

13. Birthplace No Data Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Miller

15. Birthplace No Data Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Davis
 (b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 11/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Carterville Cem.

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? _____

18. (a) Signature of funeral director Hedge-Nelson
 (b) Address Webb City, Missouri
 19. (a) Nov. 11, 1942 (b) Mrs. Miller
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury Found
 23. Signature P. B. Munson (M.D. or other) P. B. Munson
 Address Webb City, Mo Date signed 11-11-42

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

49
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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.....

E. M. Hedge

Licensed Embalmer No. *2859*

P. O. Address *2766 Plymouth*

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.