

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41618

State File No.

FILED JAN 15 1943 78
Registration District No.

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike Co Hospital
(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 Mo

(b) County Pike

(c) City or town Elberny
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Heless Davis

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from December 26, 1942 to _____, 1942;
that I last saw her alive on December 26, 1942,
and that death occurred on the date and hour stated above.

4. Sex Female Color or race Black

(a) Single, widowed, married, divorced Married

(b) Name of husband or wife Willis Davis

(c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb 4 1904
(Month) (Day) (Year)

Immediate cause of death: Cardiac + renal valve stenosis with severe angina

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name Charles Blais

13. Birthplace Elberny Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rose

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Willis Davis

(b) Address Elberny Mo

17. (a) Burial (b) Date thereof Nov 28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. Bradley

(b) Address Elberny Mo

19. (a) 12-28-42 (b) Blais
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Dr. Richard J. Miller (M. D. or other) _____
Address Elberny Mo Date signed 12/27/42

Duration 1 week

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

2
2
1

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-43-118

Date Filed Jan 13 1943

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

W. H. Bradley

Licensed Embalmer No.

3966

P. O. Address

Elkberry 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.