1—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1439

State File No.

Registration District No. 20 Primary Registration District No. 4038 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jefferson & Van Buren Sts /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXX (Specify whether years, months or days)
In this community sixty six years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Benton
(c) City or town Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. Streets not named
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXXXXXX years. 0

3. (a) PRINT FULL NAME Henry Floyd Davis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Minnie Jane Davis (Bennett)

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March, 24, 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	1	XXXXXXXX hr. ___ min.

9. Birthplace Benton Co., (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business own store

FATHER
12. Name James F. Davis
13. Birthplace unknown (City, town, or county) XXXX 9 (State or foreign country)

MOTHER
14. Maiden name Carmelia Winge
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Minnie Jane (Bennett) Davis
(b) Address Lincoln, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Warsaw Mo

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1942 hour 3:05 minute P M.

21. I hereby certify that I attended the deceased from Dec., 25, 1942, 19__, to Dec., 25, 1942, 19__; that I last saw him alive on Dec., 25, 1942, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac infarct	30 min.
Due to	
Due to Note: Repeated wasserman blood tests always showed negative.	
Other conditions (Include pregnancy within 3 months of death): Locomotor ataxia	35 yrs.

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 [illegible] M. D. or Other D.O.
Address Warsaw, Mo. Date signed 12/25/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-42-142 d
Date Filed 1-13-43

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 Fred W. Dickinson

Licensed Embalmer No. 2478

P. O. Address Clinton Me

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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1489

Registration District No. 30 Primary Registration District No. 4038 Registrar's No.

1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: Warsaw
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Henry Floyd Hare
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar. (Month) 24 (Day) 1875 (Year)

8. AGE: 66 Years Months 4 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12/25/42 (Date received by local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY