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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6318

Registration District No. ~~318~~ 128

Primary Registration District No. 2000

Registrar's No. 101

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
O'Reilly General Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year, 35 days (Specify whether
In this community 1 year, 35 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union 999 14 0

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

(d) Street No. 206 Forrest Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME LEO D. DAVIS

3. (b) If veteran, name war None

3. (c) Social Security No. 332-14-6056

4. Sex Male

5. Color or race White O

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased October (Month) 5, (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 23	3	27	hr. min.

9. Birthplace Anna (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Office work

11. Industry or business

FATHER
12. Name George R. Davis
13. Birthplace Balcom (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Bell Corzine
15. Birthplace Balcom (City, town, or county) Illinois (State or foreign country)

16. (a) Informant F. L. Davis
(b) Address 661 Bates, Batesville, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Anna, Illinois

18. (a) Signature of funeral director Alma Schmeyer Funeral Ho
(b) Address Springfield Mo

19. (a) 23-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1943 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from December 30, 1942 to February 2, 1943;
that I last saw him alive on February 2, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain abscess	3 days
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)
(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 Louis Copp, M.C. (M. D. or other)
Address Springfield, Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1945

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 Lewis G. Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.