S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7961

State File No.

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 11

109

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Warrenton
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Warrenton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME William G. Davis

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 married
6. (b) Name of husband or wife Adeline M. Davis (nee Spires)
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased January 7, 1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Warren County Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Teacher
11. Industry or business
FATHER
12. Name William Davis
13. Birthplace Wales 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Spires
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Adeline M. Davis
(b) Address Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation The Grove, Warren Co.
18. (a) Signature of funeral director Twnieburg & Co.
(b) Address Warrenton, Mo.
19. (a) Feb 27 1943 (Date received local registrar) (b) John A Bebermeyer (Registrar's signature)

1264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1943 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 10, 1943, to Feb. 23, 1943;
that I last saw him alive on Feb. 23, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and valvular lesions of heart — Duration: Don't know.
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

92d

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 John A. Dyer (M. D. or other) M.D.
Address Warrenton Mo Date signed 2/24/43

(Licensed Embalmer's Statement on Reverse Side)

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 John F Nieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.