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11656

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 19

103
3
1

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None 1 (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 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter, 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES DAVIS

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ida Davis

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July (Month) 18 (Day) - 1871 (Year)

8. AGE: Years 71 Months 7 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace ------ (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Alexander Davis
13. Birthplace ----- (City, town, or county) 0 Missouri. (State or foreign country)

MOTHER
14. Maiden name Mary E. Alexander
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ida Davis

(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1-43 (Month) (Day) (Year)

(c) Place: burial or cremation West Pleasant Valley

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 4-1-43 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 25 1943 to Feb. 27-1943 that I last saw him alive on Feb. 26 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs

Due to Chronic Parachymous Nephritis

Due to

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

Major findings: Of operations —

Of autopsy no

131 b

Duration

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) no

(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 0

23. Signature S. S. Davis (M. D. or other)

Address Dexter Mo. Date signed 4/28/43

1134 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-480
Date Filed 4-12-43

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 Lorin C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.