

S. No. 2
A-9-4-41
7-5-17-39
1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

14330
State File No. _____
Registrar's No. 296

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1943 128

Registration District No. 212

Primary Registration District No. 2000

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

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: 1025 S. Pickwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No.: 1025 S. Pickwick (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Frank M. McDavid
(b) If veteran, name war: None
(c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12th, year 1943 hour 8:30 minute _____ P. A. M.
21. I hereby certify that I attended the deceased from Dec 24 1940 to 4/12 1943
that I last saw him alive on 4/1 and that death occurred on the date and hour stated above.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
(b) Name of husband or wife: Doris G. McDavid
(c) Age of husband or wife if alive: Unknown years

Immediate cause of death: General Senility or arteriosclerosis
Due to: following
an upper
respiratory infection
in Dec. 72 Jan. 43
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 4 Days 1 If less than one day _____ hr. _____ min.

Major findings: 162 P
Of operations: _____
Of autopsy: Degenerative or senile changes only

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

10. Usual occupation: Attorney

11. Industry or business: At Law

12. Name: Thomas McDavid

13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Lou Blackburn

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

16. (a) Informant: Mrs. Doris G. McDavid

(b) Address: Springfield, Missouri

17. (a) Burial (b) Date thereof: April 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

19. (a) 4-13-43 (b) W. H. Handley
(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)
(e) Means of injury: _____
23. Signature: Ray Hallaway (M. D. or other) MD
Address: Springfield Mo Date signed: 4/13/43

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

MAY 6 1945

AUG 10 1945

SEP 22 1945
FEB 26 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..... *E. D. Torrey*.....

Licensed Embalmer No..... *1767*.....

P. O. Address..... *Spencerfield*.....
T

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.