V. S. No. 2
30M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17595

Registration District No. 61 Primary Registration District No. 5237 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural (Cedar Twp) (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20 0
(c) City or town RURAL 0 (If outside city or town limits, write "RURAL")
(d) Street No. Cedar Township (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George W Davis

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah M Davis
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 4 (Day) 1874 (Year)

8. AGE: Years 69 Months 2 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Thomas K Davis
13. Birthplace (City, town, or county) Texas / (State or foreign country)
MOTHER
14. Maiden name Martha Raines
15. Birthplace (City, town, or county) Ky / (State or foreign country)
16. (a) Informant Mrs Sarah M Davis
(b) Address R.5. El Dorado Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 19 (Day) 1943 (Year)
(c) Place: burial or cremation Clintonville (Cem)
18. (a) Signature of funeral director Gwinn-Siders
(b) Address El Dorado Springs Mo
19. (a) 5/18/43 (Date received local registrar) (b) L. T. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Feb 10, 1943, to May 16, 1943, that I last saw him alive on May 16, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorage	2 Day
Due to Arteria Sclerosis	
Due to 3 other hemorages	
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 0

23. Signature L. T. Dunaway (M. D. or other)
Address El Dorado Springs Date signed 5/18/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5/43/507
Date Filed 6/10/43

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 [signature]

Licensed Embalmer No. 2034

P. O. Address E Docado Springs, NM

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.