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

17842

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 383

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: St Johns Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 43 0

(c) City or town Pittsburg ~~Mo~~ 0 (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 1

3. (a) PRINT FULL NAME Josephus Allen Davis

3. (b) If veteran, name Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Mary Unknown

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

7. Birth date of deceased Jany (Month) 20 (Day) 1855 (Year)

8. AGE: Years 88 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Webster Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Dont know
13. Birthplace Dont know (City, town, or county) Dont know (State or foreign country)

MOTHER
14. Maiden name Elizabeth McMurtry
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant W E Davis

(b) Address ~~Burial~~ Hermitage Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage

18. (a) Signature of funeral director Erwin & Blue

(b) Address Bolivar Mo

19. (a) 5-11-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from 4-6, 1943 to 5-9, 1943 that I last saw him alive on 5-9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis	2 weeks
Due to chr nephritis	2 yr
Due to Prostatic Hypertrophy	5 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 b

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 [illegible] (M. D. or other)

Address Springfield Mo Date signed 5-10-43

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(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.....

Licensed Embalmer No. 3092

P. O. Address.....

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.