S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22591

Registration District No. 351 Primary Registration District No. 6189 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Walnut Shade Mo

(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 Several years

years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Mo. (b) County Taney 0

(c) City or town Walnut Shade 0

(If outside city or town limits, write "RURAL")

(d) Street No. Rural

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME George F. Davis

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cecil Davis 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Oct. (Month) 27 (Day) 1882 (Year)

8. AGE: Years 60 Months 6 Days 3 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 Liam Davis
13. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ann Wilkerson
15. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Cecil Davis

(b) Address Walnut Shade Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 43 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Shade

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) May 15-1943 (Date received local registrar) (b) Jeannette Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month [illegible] day 30th

year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Mch. 24, 1943, to April 30, 1943

that I last saw him alive on April 29, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Do not know. Had low grade fever, but could make a diagnosis

Due to Typhoid Tularemia, Malta Fever Tests all negative

Due to .....

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

Major findings:
Of operations 200.C

Of autopsy .....

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) .....

(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 J. H. Hade 0 (M. D. or other)

Address Ozark Mo Date signed 4-30-43

1271

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-699
Date Filed JUN 22 1943

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.