

S. No. 2  
4-5-42  
5-17-39

26368

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 5 1943

Registrar's No. 112

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
State Hosp No 3-2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community One month 16 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 326-W. Walnut  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS-E-DAVIS

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1943 hour 10 minute 15 P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sarah Barr

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

7. Birth date of deceased: April 19 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
June 1, 1943 to July 16, 1943  
that I last saw him alive on July 16, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 1 27 — hr. — min.

Immediate cause of death: Senile Dementia

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Arteriosclerosis  
(Include pregnancy within 3 months of death)

10. Usual occupation Formerly Carpenter & Blacksmith

11. Industry or business none

12. Name Churchel Davis

13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Dorman

15. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations none

Of autopsy none

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

16. (a) Informant Gladys D Frasse

(b) Address 326 W. Walnut, Nevada Mo.

17. (a) Burial (b) Date thereof 7-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial PK

18. (a) Signature of funeral director Marsh E. Cichy

(b) Address Nevada Mo.

19. (a) 7-23-43 (b) Hazel B. Beurek  
(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) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul L Barone (M. D. or other) \_\_\_\_\_  
Address State Hosp No 3 Date signed July 16 1943

1531 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo. 1943

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

08  
0

RECEIVED

District Health Officer No. 7

District File Number 7-43-830

Date Filed 8-7-43

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**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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Newada, 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.**