

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27971

Registration District No. 0

Primary Registration District No. 4126

Registrar's No. 62

23
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Wyaconda, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 mo (b) County clark

(c) City or town Wyaconda
(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 _____

3. (a) PRINT FULL NAME Zoa Davidson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowe

6. (b) Name of husband or wife James Davidson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	20	hr. _____ min.

9. Birthplace Clark County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Eifer

{ 13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lucinda Gammon

{ 15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Will Kerner

(b) Address Wyaconda, mo

17. (a) Burial (b) Date thereof Aug. 16 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda Cemetery

18. (a) Signature of funeral director Guth & Baskett

(b) Address Wyaconda mo

19. (a) 8-17-43 (b) Ray S. Baskett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 14
year 1943 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 15 to July 14 43
and that death occurred on the date and hour stated above. 43

Immediate cause of death myocarditis and renal infarctus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92x1

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature B. F. Hutchinson or other _____
Address Wyaconda mo Date Aug 16 43

1273

RECEIVED

District Health Officer No. 10

District File Number 9-43-1551
SEP 14 1943

Date Filed

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *George V. Roberts*

Licensed Embalmer No. 1817

P. O. Address *Wyaconda, 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.