No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28708

D SEP 7 1943

Registration District No. 196 Primary Registration District No. 5716 Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County McDonald Rural
(b) City or town ~~Bolckhouse City~~ Elk River
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald 60
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robt L Davis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora Davis
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb (Month) 22 (Day) - 1865 (Year)

8. AGE: Years 78 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Davis Corner (City, town, or county) Mich (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Public Works
MOTHER FATHER
12. Name Simon P Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Phoebe Cease
15. Birthplace New York (City, town, or county) New York (State or foreign country)
16. (a) Informant Mary Hogeman
(b) Address Sulphur Springs Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lee Cem.
18. (a) Signature of funeral director E. R. Hyatt
(b) Address Gravette Ark.
19. (a) Sept. 3, 1943 (Date received local registrar) (b) Mrs. E. M. George (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1943 hour 7 minute 25 P. M.
21. I hereby certify that I attended the deceased from 8-21, 1943, to 8-27, 1943;
that I last saw him alive on 8-26, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions Bronchial Pneumonia (Include pregnancy within 3 months of death)	
Major findings: Of operations 944	
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
23. Signature R. E. Warmad (M. D. or other) M.D.
Address Southwest City, Mo Date signed 8-27-43

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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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.