

3. No. 2  
4-5-42  
5-17-39  
X328

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35564

State File No.

Registrar's No.

FILED OCT 30 1943

Registration District No. 295

Primary Registration District No. 443

58

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
609 Johnson Street  
(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 Missouri (b) County Randolph

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

(d) Street No. 609 Johnson Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Davies

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 341-09-566

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Davies

6. (c) Age of husband or wife if alive 50 years

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

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Coal Miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Daniel D. Davies

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

14. Maiden name Hester Davies

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

16. (a) Informant Mrs. Anna Davies

(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/3/1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Huntsville cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) 10-27-43 (Date received local registrar) (b) Mrs. P. Blaney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1943 hour 3:00 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 23 1943 to Oct 1 1943  
that I last saw him alive on Oct 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 hours

Due to arterio-sclerosis & obesity

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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

23. Signature P. Dreyer D. (M. D. or other) M.D.  
Address Huntsville, Mo. Date signed 10/27/43

Duration

3 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

1027 (Licensed Embalmer's Statement on Reverse Side)

NOV 1 1943

**RECEIVED**

District Health Officer No. 10

District File Number 10-43-1723

Date Filed OCT 29 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..... Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntville, MA

**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.**