

No. 2
1-5-42
5-17-39
32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3924

State File No. _____

Registration District No. 275

Primary Registration District No. 4409

Registrar's No. 3-

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Newburg
(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 3 Months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Dickens
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hiram M. David

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 13 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 0 18 hr. min.

9. Birthplace Maries Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John David
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Jane Shockley
15. Birthplace _____ MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Hudgens
(b) Address Newburg, Mo

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hudgens Cemetery

18. (a) Signature of funeral director Richard E. Thayer

(b) Address Rolla, Mo

19. (a) 1-3-44 (b) J. C. Thayer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 15th 1943 to Jan 1st 1944 that I last saw him alive on Dec 31st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Senile debility 4 weeks
Due to Chronic nephritis 15 yrs.

Other conditions General debility
(Include pregnancy within 3 months of death)

Major findings Prostatitis
Of operations _____
Of autopsy 131P

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) Means of injury _____
23. Signature Richard E. Thayer (M. D. or other) Dr.
Address Newburg, Mo Date signed Jan 2 1944

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

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. *3643*

P. O. Address *Cuba, 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.