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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8532

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Bernie
(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 ____ In this community: about 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Bernie
(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 ____

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3. (a) PRINT FULL NAME: Holly Davis
3. (b) If veteran, name war: —
3. (c) Social Security No. 487-20-4916
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband ~~or wife~~: Bessie Davis
6. (c) Age of ~~husband~~ or wife if alive: 47 years
7. Birth date of deceased: Oct (Month) 26 (Day) 1891 (Year)

8. AGE: Years 52 Months 3 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: (Unknown) (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Common labor
11. Industry or business: Farming
MOTHER FATHER
12. Name: Mack Davis
13. Birthplace: (Unknown) (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Lee Wilfong
15. Birthplace: (Unknown) (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Bessie Davis
(b) Address: Bernie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 12, 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Bernie, Mo.
18. (a) Signature of funeral director: Duncan Funeral Home
(b) Address: Bernie, Mo.
19. (a) 2-29-44 (Date received local registrar) (b) Cordie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1944 hour 11 minute — P.M.
21. I hereby certify that I attended the deceased from One Time Dec 20, 1942 to ____, 19____; that I last saw him/her alive on Feb 3, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diseases of the Coronary Arteries	Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94a	
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? (Specify type of place)
While at work? (e) Means of injury: 9
23. Signature: F. O. Kelly (M.D. or other) DO
Address: Bernie Mo. Date signed 2/10/44

1133 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-459
Date Filed 3-9-44

SEP 27 1945

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 Embalmed, Registered Apprentice No. working under my personal supervision.

Signed Hunter Albritto

Licensed Embalmer No. 4210

P. O. Address Silverton T

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

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