

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17282
Do not use this space.

FILED JUN 15 1944

1. PLACE OF DEATH
 (a) County Atchison Registration District No. 5
 (b) Township Dale Primary Registration District No. 2028 Registered No. 21
 (c) City Fairfax (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marion Lucien Davis
 (a) Residence, No. Fairfax, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Bayha Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>3</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 5 years ago 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Ohio

FATHER

13. NAME William Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Byerly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Jessie Davis
Fairfax, Mo.

18. BURIAL-CREMATATION, OR REMOVAL PLACE Pleasant Ridge DATE June 4, 1944

19. FUNERAL DIRECTOR (ADDRESS) Wilber L. Schoeder
Craig, Mo.

20. FILED June 6, 1944 Dr. H. W. Cunningham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2, 1944

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1944, to 6-2, 1944
 I last saw him alive on 6-2, 1944. Death is said to have occurred on the date stated above, at 10:30 pm.
 The principal cause of death and related causes of importance were as follows:
cardiac hypertrophy -
chronic myocarditis &
degen., chr. nephritis

Date of onset 1 mo.

Other contributory causes of importance:
Rheumatic heart

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. C. Bauman, M. D.
 (Address) Fairfax, Mo. 6/2/44

STATEMENT BY LICENSED EMBALMER

I, Wilber L. Schooner, Licensed Embalmer No. 3997
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Wilber L. Schooner

Licensed Embalmer No. 3997

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.)