

No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17873

State File No. _____

FILED JUN 9 1944

Registration District No. _____

Primary Registration District No. 5361

Registrar's No. 52

1. PLACE OF DEATH *Davies*

(a) County _____

(b) City or town *Rural Jackson Township*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *R. J. D. Hospital Mo.*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community *Grife*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Dwight* ³⁹

(c) City or town *Rural R. 3.* ⁰
(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 _____

3. (a) PRINT FULL NAME *Charles A. Davis*

(b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *3rd*
year *1944* hour *10* minute *29* A.M.

21. I hereby certify that I attended the deceased from *Apr 26 -*
1944 to *May 3 -* *1944*
that I last saw him alive on *Apr 29* *1944*
and that death occurred on the date and hour stated above.

4. Sex *Male* 5. Color or race *White*

6. (a) Single, widowed, married, divorced, *Widower*

6. (b) Name of husband or wife *Genevieve Davis* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Don't know date*
(Month) (Day) (Year)

Immediate cause of death *Uremia*

Due to *Portalis at termination* ^{several}
Chronic pyelitis ^{years}

Due to *nephritis*

8. AGE: Years Months Days If less than one day

88 - - - - hr. - min.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation *Farmer Ret.*

11. Industry or business _____

12. Name *Alexander Davis*

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

14. Maiden name *Mary Kay*

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

16. (a) Informant *Anch B. Davis*

(b) Address *Bellicothé Mo.*

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

(c) Place: burial or cremation *Mt. Pleasant Cem*

18. (a) Signature of funeral director *Wm D Jordan*
(b) Address *Bellicothé Mo*

19. (a) *5-8-1944* (b) *A. O. Johnson*
(Date received local registrar) (Registrar's signature)

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 *2*

23. Signature *F. B. Bailey* (M. D. or other) *00.*
Address *Jamestown Mo.* Date signed *5-8-44*

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

MOTHER FATHER

108

(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

James D. Gordon

Licensed Embalmer No. *1870*

P. O. Address

Lehulicott M

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.