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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21010

Registration District No. 13 Primary Registration District No. 5057 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ✓ (b) County ✓ 5

(c) City or town ✓ 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 no 0

3. (a) PRINT FULL NAME Larry C Davis

3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Infant 0

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

7. Birth date of deceased June (Month) 9 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 26 hr. min.

9. Birthplace Barry County (City, town, or county) Omissouri (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Doyel Davis
13. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Christine Morlan
15. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Doyel Davis
(b) Address RFD. 1, Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Kings Prairie Cemetery

18. (a) Signature of funeral director Gallaways
(b) Address Monett Missouri

19. (a) June 11 1944 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1944 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from June 9 - 8:20 am, 1944 to June 10 - 11:pm, 1944, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature (7 month Twin)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 ?

23. Signature [signature] (M. D. or other) DO

Address Monett, Mo. Date signed 6/12/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744-775
Date Filed JUL 11 1944

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 J. H. Buchanan

Licensed Embalmer No. 3179

P. O. Address Moulton Mo

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

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