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X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25160

Registration District No. 207 Primary Registration District No. 5754 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Maries County

(b) City or town Rural - Dry Creek Twp (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 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Dry Creek Twp. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Champ Clark Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Tennine M. Davis

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased 3 (Month) 21 (Day) 1912 (Year)

8. AGE: Years 32 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation School Tea cher

11. Industry or business

FATHER
12. Name R. C. Davis
13. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Nora Mae Bell
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant R. C. Davis

(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Kenner

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 7/4/44 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 1944 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 6-13- 1944 to 6-29 1944 that I last saw him alive on 6-24- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Dilitation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92 b

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature W. J. Ender (M. D. or other)

Address Dixon Date signed 6-29-44

1096

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-21-44

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 June -30 /44, Registered Apprentice No. ..... working under my personal supervision.

Signed Fred O. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.