

S. No. 2
DM-5-42
v. 5-17-39
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28907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 13 1944

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

100
25
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(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 (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. 203 Ruth St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Calvert James C. Davis

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

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

6. (b) Name of husband or wife Anna Davis 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 12 29 1856
(Month) (Day) (Year)

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

87 5 29 hr. min.

9. Birthplace Cobden Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

MOTHER FATHER { 12. Name Levi Davis

13. Birthplace Anna Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Ester Casper

15. Birthplace Anna Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Madge Davis
(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof 6/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 9/7/44 (b) Louise Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1944 hour 2 minute 5 p.M.

21. I hereby certify that I attended the deceased from 6-25
1944 to 6/28/44 19...
that I last saw him alive on 6/25/44 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Arterial arteriosclerosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 93d

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Howard M. Lewis (M. D. or other)

Address Sikeston Mo. Date signed 9/7/44

1218 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 944-1263

Date Filed 9-12-44

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.....

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

Signed John Clutter
John Clutter

Licensed Embalmer No. 2941

P. O. Address Sikeston Mo.

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.