

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31641

State File No.

Registrar's No. 134

Registration District No. 376

Primary Registration District No. 4461

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

1. PLACE OF DEATH:

(a) County ST. FRANCIS

(b) City or town Bismarck Mo
(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) 1

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME LEONARD WILLIAM DAVIS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased SEPT. 14 1934
(Month) (Day) (Year)

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

9 9 13 hr. min.

9. Birthplace Bonne Lane Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Child

MOTHER FATHER

11. Industry or business _____

12. Name Marley J. Davis

13. Birthplace Bent Count Mo
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Helms

15. Birthplace Idaho Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Marley J. Davis

(b) Address Bismarck Mo

17. (a) Burial (b) Date thereof July 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Mo

18. (a) Signature of funeral director E. J. Sawyer

(b) Address 2250 E. 6th St

19. (a) Aug 9 1944 (b) James H. Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCIS

(c) City or town Bismarck Rural 94
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day July
year 1944 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1st Dec 1943 to July 7 1944
that I last saw him alive on July 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to Born with this condition

Due to _____

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.

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 _____

23. Signature F. W. Gale (M. D. or other) MD

Address Bismarck Mo Date signed 7-8-44

RECEIVED

District Health Officer No. 4

District File Number 944-4349

Date Filed 9-26-44

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

....., Registered Apprentice No.

working under my personal supervision.

Signed *C. J. Boyer*

Licensed Embalmer No. 1671

P. O. Address *Desloge 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.