

S. No. 2  
OM-2-43  
5-17-39  
X35697

37478

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 7 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5274

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Alexandria Clay Missouri  
(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 3 yrs. \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Alexandria 6  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Davis

3. (b) If veteran, name war None

3. (c) Social Security No. 491-14-0300

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
year 1944 hour 11 minute 55 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased Aug. 2, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-25, 1944, to 11-30, 1944  
that I last saw him alive on 11-30, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to \_\_\_\_\_

Due to 820'

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name James Irvin Davis

13. Birthplace Deer Ridge, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Payton

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Tom Davis

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Dec. 2, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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? \_\_\_\_\_

18. (a) Signature of funeral director Paul H. Barkley

(b) Address 12-4-44

19. (a) 12-4-44 (b) P. S. Canton  
(Date received local registrar) (Registrar's signature)

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

23. Signature St. Channing (M. D. or other) DO

Address Palooka, Mo. Date signed 12-1-44

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

300

RECEIVED  
District Health Officer No. 10  
District File Number 12-314-1752  
Date Filed DEC. 5 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 Earl R. Buckley  
Licensed Embalmer No. 2615  
P. O. Address Camden, 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.**