

S. No. 2
4-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945
Registration District No. 73

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3014

State File No. 40927
Registrar's No. 112

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 25
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 18 D. Patterson St. 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME SAMUEL M. DAVIS
3. (b) If veteran, name war none
3. (c) Social Security No. 492-14-8995

20. DATE OF DEATH: Month Dec. day 6
year 1944 hour 2 minute 25 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Lula Davis
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 5 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 26 1943 to Dec 6 1944
that I last saw him alive on Dec 6 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Broken Coronary Arteries Duration
Aortic Stenosis
Mitral Regurgitation 2 yrs.

8. AGE: Years 63 Months 8 Days 1
If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace Greenville Tenn.
(City, town, or county) (State or foreign country)

Other conditions 92 lb
(include pregnancy within 3 months of death)

10. Usual occupation Laborer
11. Industry or business Cement & Brack
12. Name Samuel Davis
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Archer
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Beulah Christcut
(b) Address 302 W. Schader St. Liberty Mo
17. (a) Burial (b) Date thereof Dec. 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director Church - Archer Co.
(b) Address Liberty Mo.
19. (a) Dec 6 1944 (b) Helen Early
(Date received local registrar) (Registrar's signature)

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 Burton Malloy (M. D. or other M.D.)
Address Liberty Mo. Date signed 12-7-44

926

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-45

AUG 23 1945

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.