

No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33991

FILED OCT 23 1945

State File No. _____

Registration District No. 161

Primary Registration District No. 5596

Registrar's No. 16-80

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Near Cedar Hill Mo 1
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jefferson
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Cedar Hill Mo
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM SILAS DAVIS

3. (b) If veteran, name war NONE 3. (c) Social Security No. none

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lena Louise Davis
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Oct. - 20 - 1880
 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 8
 If less than one day hr. _____ min. _____

9. Birthplace Jefferson Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer (small)

11. Industry or business Open farm

12. Name Silas Davis

13. Birthplace Cedar Hill Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Pruitt

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

16. (a) Informant Edward Davis

(b) Address Spillsboro MO

17. (a) Burial (b) Date thereof 9/30/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Cemetery Near Hill Mo

18. (a) Signature of funeral director W. B. Edwards

(b) Address House Springs MO

19. (a) 29 Sep 1945 (b) W. B. Edwards
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
 year 1945 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 28
1940 to Sept 28, 1945
 that I last saw him alive on Sept 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Miscocarditis
Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsy _____

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. Signatures W. B. Edwards (M. D. or other) _____
 Address Cedar Hill Mo Date signed 9/29/45

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-22-45

OCT 24 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..... *John H. Brimmer*

Licensed Embalmer No. 1470

P. O. Address House Springs, 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.