. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1945

34838

State File No.

Registration District No. 342 Primary Registration District No. 6153 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Painton Pike Ou
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Painton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLEY DAVIS
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Davis
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan (Month) 1 (Day) 1872 (Year)

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Cobden (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George Davis
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Ellen Gunter
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ruth Davis
(b) Address Painton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Cemetery Cape Girardeau, Mo
18. (a) Signature of funeral director Lloyd S. Morgan
(b) Address Advance, Mo
19. (a) 10-4-45 (Date received local registrar) (b) M. R. Thrower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 8 minute 15A. M.
21. I hereby certify that I attended the deceased from 6/10, 1945 to 6/11, 1945
that I last saw him alive on 6/10, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	18 hours
Due to Vascular Hypertension	?
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J A Cline (M. D. or other)
Address Oran Mo Date signed 6/11/45

1131

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1045-3096
Date Filed 10-8-45

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 Floyd S. Morgan, Registered Apprentice No. _____, working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3261

P. O. Address Advance, 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.