S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37186

FILED NOV 23 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 893

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1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 629 College /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 629 College
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Fred Ernest Davis

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: December (Month) 26, (Day) 1865 (Year)

8. AGE: Years 79 Months 10 Days 5 If less than one day hr. min.

9. Birthplace: Madison, (City, town, or county) Wisconsin / (State or foreign country)

10. Usual occupation: Retired Railroad Conductor

11. Industry or business: Railroad

FATHER
12. Name: Frank H. Davis
13. Birthplace: Unknown (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name: Cynthia Richardson
15. Birthplace: Unknown (City, town, or county) UNK (State or foreign country)

16. (a) Informant: Mrs. Emmett Payne
(b) Address: Chicago, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/4/1945 (Month) (Day) (Year)
(c) Place: burial or cremation: La Cygne, Kansas

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: 534 St. Louis Street

19. (a) 11-3-45 (Date received local registrar) (b) W. E. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1, year 1945 hour 7, minute 00 A. M.

21. I hereby certify that I attended the deceased from Unattended by Physician to that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Probably Chronic	
Due to: Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	93d

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury:

23. Signature: W. E. Hardley (M. D. or other) Local Registrar
Address: Springfield Mo Date signed 11-3-45

984 (Licensed Embalmer's Statement on Reverse Side)

NOV 26 1945

DEC 19 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 Lewis G. Scharpf

Licensed Embalmer No. 3807

P. O. Address Springfield, 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.

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