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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41542

State File No.

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 253

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
(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 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. 218 S. 4th Street 1
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Benjamin F. Davis

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 12, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	19	hr. min.

9. Birthplace Jackson (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Missouri Pacific R. R. Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Josephine Davis

(b) Address Festus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Arthur R. Polette

(b) Address Crystal City Mo.

19. (a) 12-5-45 (Date received local registrar) (b) Cecora Brown (Registrar's signature)

1647

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1945 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 17, 1945, to Nov. 30, 1945; that I last saw him alive on Nov. 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13B

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 0

23. Signature Bertha Bolgar, (M.D. or other)

Address Festus, Mo. Date signed 12-5-45

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1946

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. Gentry R. Pollitt

Licensed Embalmer No. 3481

P. O. Address Crystal City, M

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.