DR. PECKHAM

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41594

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. Received

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

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: 117 NORTH ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE 53

(c) City or town LEBANON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 117 NORTH ST. 2
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John Wm DAVIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M d

5. Color or race W

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

6. (b) Name of husband or wife NANCY M. DAVIS

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

7. Birth date of deceased AUG (Month) 11 (Day) 1863 (Year)

8. AGE: Years 82 Months 3 Days 5 If less than one day hr. min.

9. Birthplace MARTIN Co (City, town, or county) IND 1 (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name John DAVIS
13. Birthplace (City, town, or county) IND 1 (State or foreign country)

MOTHER
14. Maiden name NANCY FULLER
15. Birthplace (City, town, or county) IND 1 (State or foreign country)

16. (a) Informant Julia Greek
(b) Address LEBANON Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON Mo

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON Mo

19. (a) 11-18-45 (Date received local registrar) (b) Ora H. Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 16th year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 11/14/45, 19__, to 11/16/45, 19__; that I last saw him alive on 11/14/45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	?
~~Due to~~ Hypostatic Pneumonia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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 John W. Peckham (M.D. or other) M.D.
Address 118 A W Commercial Date signed 11/17/45

1463 (Licensed Embalmer's Statement on Reverse Side) Lebanon, Mo

Received .....

Laclede County Health Unit

File No. 11-45-168

Date Filed 12/18/40

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 R. A. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.