No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1946

State File No. 3200

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 6

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

1. PLACE OF DEATH

(a) County Linn

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

(c) Name of hospital or institution: 517 Elliott Street 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 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

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

(d) Street No. 517 Elliott St 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMETT HUGH DAVIS

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Lizzie Davis 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug (Month) 23 (Day) 1877 (Year)

8. AGE: Years 68 Months 4 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace New Boston (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edgar T. Davis
13. Birthplace D. K. (City, town, or county) Va 1 (State or foreign country)

MOTHER
14. Maiden name Eliza Greenstreet
15. Birthplace D. K. (City, town, or county) Va 1 (State or foreign country)

16. (a) Informant Randal N Davis
(b) Address Brookfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-10-1946 (Month) (Day) (Year)
(c) Place: burial or cremation New Boston Mo

18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo.

19. (a) 1-8-1946 (Date received local registrar) (b) Evelyn Kelley Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1946 hour Probably 1 minute a M.

21. I hereby certify that I attended the deceased from at time of death only, 19..., to ....., 19...; that I last saw h. deed when I arrived, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation and monoxide poisoning

Due to: Gas water heater burning in bath room with no ventilation, man entered vacant house in night and turned on heater

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

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) Accident 58

(b) Date of occurrence Jan 6, 1946 after midnite

(c) Where did injury occur? Brookfield (City or town) Linn (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? His own vacant home. (Specify type of place)

While at work? No (e) Means of injury monoxide

23. Signature Mrt. LaMance (M. D. or other) D.O.

Address Brookfield, Mo. Date signed 1-8-46

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(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.