No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8140

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Weeks (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Malta Bend
(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 Henry Ward Beecher Davis

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruby Lee Davis

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October (Month) 30th (Day) 1871 (Year)

8. AGE: Years 74 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Brooklyn (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Dr. Issac Davis
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Sarah Pease
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Ruby Lee Davis
(b) Address Malta Bend, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Colorado Springs, Colo.

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Missouri

19. (a) 2-9-46 (Date received local registrar) (b) Mrs T. Oweschook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 46 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 1940, 19, to Feb 9, 1946
that I last saw him alive on Feb 8, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis Myocarditis	
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 John R Lawrence (M. D. or other)
Address Marshall, Mo Date signed Feb 9-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 8
District File Number 312-46
Date Filed

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 W Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.