DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24715

State File No.

Registration District No. 313 Primary Registration District No. 6059 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Collins (Rural) (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 3 (Specify whether years, months or days)

In this community Passing Through

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 29

(c) City or town Springfield Missouri (If outside city or town limits, write "RURAL") 6

(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 Carl Cecil Davis

3. (b) If veteran, name war No

3. (c) Social Security No. 500-01-7564

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Oma Davis

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased September (Month) 2 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
40	10	11	hr. min.

9. Birthplace Rogersville Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name William G. Davis
13. Birthplace Rogersville Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Meda Johnson
15. Birthplace Green County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl C. Davis
(b) Address Springfield Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mapel Park Cemetery

18. (a) Signature of funeral director Klinger Funeral Home
(b) Address Springfield Missouri

19. (a) July 20, 1946 (Date received local registrar) (b) Ethelene Clifford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour 5 minute 55 M.

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

Immediate cause of death Accident

Killed instantly by being thrown 35 feet from an overturned automobile on Highway # 13 about two miles north of Collins Missouri

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1700-8
Of autopsy 28

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 93

(b) Date of occurrence 7-13-46 5:15 P.M.

(c) Where did injury occur? Collins St. Clair Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway # 13 Collins Mo. (Specify type of place)

While at work? (e) Means of injury

23. Signature Gerald B. Goodrich Coroner M. D. or other

Address Osceola Mo. Date signed 7-13-46

287 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di[illegible] Officer No. 7
6-46-785
Date Filed 7-24-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ prepared by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed F B Goodwin

Licensed Embalmer No. 3038

P. O. Address Osceola Ma

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.