

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. **26951**
Registrar's No. **165**

Registration District No. **137** Primary Registration District No. **4218**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **400 E. Jackson St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **63 years** (Specify whether years, months or days)
In this community **63 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Windsor** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **400 E. Jackson St.** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Henry T. Davis**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Lena Lane Davis** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **March 14, 1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **2** If less than one day hr. min.

9. Birthplace **Callaway County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **City Clerk**

11. Industry or business _____
12. Name **Matthew A.C. Davis**
13. Birthplace **unknown**
14. Maiden name **Mary E. Comer**
15. Birthplace **unknown**

16. (a) Informant **Mrs. Ruth Marray**
(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **Aug. 18, '46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Chas. Huston**
(b) Address **Windsor, Missouri**

19. (a) **9-3-46** (b) **R. B. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **18th**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **July**, 19**46** to **Aug 18**, 19**46**
that I last saw him alive on **Aug 18**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bungles disease**
retinal neoplasia

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **9**

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **Thomas** (M. D. **1946**)
Address **Windsor** Date signed **8/24/46**

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

Case No. 70
8-46-925
9-9-46
Date

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 Edell Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.

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Registration District No. *127*

Primary Registration District No. *4218*

Registrar's No.

1. PLACE OF DEATH:

(a) County *Henry Windsor*
(b) City or town *Windsor*
(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 _____
years, months or days

3. (a) PRINT FULL NAME

Henry J Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *m*

5. Color or race *w*

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Mar 14 1886

(Month) (Day) (Year)

8. AGE:

Years *82*

Months

Day

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) *MO*

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; and that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy *13/13*

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) _____
(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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature *H. Russell* (M. D. *Jan 19*)
Address *Windsor - Mo* Date signed *1/24/19*

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

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