S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37966

State File No.

Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural (Tavern Township)
(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 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Rural
(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 Silas Benjamin Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Izella Mae Davis

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. (Month) 18, (Day) 1870 (Year)

8. AGE: Years 75 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Lawrence Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wiley Davis
13. Birthplace D. K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Mulckey
15. Birthplace D. K. (City, town, or county) (State or foreign country)

16. (a) Informant Mae Davis
(b) Address Crocker, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. HOOPS & SONS
(b) Address Crocker, Mo.

19. (a) 11-21-46 (Date received local registrar) (b) Louise B. McClintak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5, year 1946 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 1941, to Nov. 4 1946; that I last saw him alive on Nov. 4 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days

Due to Hypertension (Essential)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83A

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 A. Mihalovich (M.D. or other) 120
Address Crocker, Mo. Date signed 11-6-46

(Licensed Embalmer's Statement on Reverse Side)

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.