. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37980

State File No.

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(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 Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME David Nelson 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 Sarah Davis
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January (Month) -5- (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	8	hr. min.

9. Birthplace Putnam County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Retail Hardware (Retired 8 yrs)
FATHER
12. Name Asbury Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Trobridge
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Joe R. Davis
(b) Address Unionville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-15-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. by J. W. Comstock
19. (a) 11-5-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 7 hour 50 minute P. M.
21. I hereby certify that I attended the deceased from 10-7-46
/ , 19 , to 10-13-46, 19 ;
that I last saw him alive on 10-13-46, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 B	
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 2
23. Signature P. W. McDonald (M. D. or other) DO
Address Unionville, Mo. Date signed 10-16-46

266

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File
Date Filed NOV 26 1946

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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.