

DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH SERVICES  
**FILED JAN 27 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2068  
Registrar's No. 60

Registration District No. 280 Primary Registration District No. 6968

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

**1. PLACE OF DEATH:**  
 (a) County Platte  
 (b) City or town Platte City, Ruffalo  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
 (Specify whether)  
 In this community 75 yrs  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Platte 83  
 (c) City or town Platte City, Burl  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location) 0  
 (e) Citizen of foreign country? ### No (Yes or No)  
 If yes, name country.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Beaula Davis 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Mch 1st 1873  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>8</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

**MOTHER FATHER**  
 12. Name James Davis Missouri  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Smith  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Beaula Davis  
 (b) Address Platte City Missouri

17. (a) Burial (b) Date thereof I/12/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgley Cemetery

18. (a) Signature of funeral director Isaac Davis  
 (b) Address Dearborn Missouri

19. (a) Jan 14-47 (b) Mo. Chas. C. ...  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day Jan  
 year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 1  
 1946 to Jan 10 1947  
 that I last saw him alive on Jan 2nd 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
 Due to hypertension  
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1310  
 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?

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

23. Signature J. W. ... (M. D. or other)  
 Address ... Date signed 1-11-47

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....<sup>✓</sup>

.....<sup>✓</sup>, Registered Apprentice No. ....<sup>✓</sup>,  
working under my personal supervision.

Signed.....*Rebecca Davis*.....

Licensed Embalmer No. *4100*.....

P. O. Address.....*Seaborn 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.**