FILED JUN 4 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18530

Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois — Registration District No. 316
(b) Township Iron — Primary Registration District No. 6069 — Registered No. 184 44
(c) City Bismarck — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry G. Davis
(a) Residence, No. Bismarck Rural St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 1
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 1947
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 4 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Mo

FATHER
13. NAME Frank C Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sligo Mo 0

MOTHER
15. MAIDEN NAME Beatrice LaChance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo 0

17. INFORMANT (ADDRESS) Frank Davis Bismarck Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood Mo DATE May 23 47
19. FUNERAL DIRECTOR (ADDRESS) C. E. Boyer Leadwood Mo
20. FILED 5/23 1947 Esther Rudloff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1947
22. I HEREBY CERTIFY, That I attended deceased from 5/23 1947, to 5/23 1947
I last saw her alive on 5-23 1947. Death is said to have occurred on the date stated above, at 4:35 A.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth 6½ mon. ✓

Date of onset

Other contributory causes of importance: 59

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify
(Signed) F. W. Gale, M. D.
(Address) Bismarck Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2. 50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 4
District ... 647-767
Date ... 6-2-47

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. Was Not Embalmed

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. Z. Soyer

Licensed Embalmer No. 1671

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.)