. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20204

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 257

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Elsinore — Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Davis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept. 22, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	9	4	hr. min.

9. Birthplace Elsinore, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Allen Davis
13. Birthplace Elsinore, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dildine
15. Birthplace Elsinore, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Allen Davis
(b) Address Elsinore, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cem.
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.
19. (a) 7-1-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1947 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from 14 MAY, 1947, to 26 JUNE, 1947; that I last saw him alive on 25 JUNE, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 Mos.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature J. Lester Harwell (M. D. or other)
Address Poplar Bluff, Mo. Date signed 27 June 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 142-932
Date Filed 2-3-42

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 Jon Clark

Licensed Embalmer No. 4216

P. O. Address Poplar Bluff, 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.