

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Kaley
State File No. 34993

Registration District No. 185

Primary Registration District No. 4300

Registrar's No. 16

1. PLACE OF DEATH

(a) County Linn

(b) City or town Laclede
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Convalescent Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months
(Specify whether years, months or days)

In this community 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon 61

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MILTON DAVOLT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Susan Davolt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb - 7 - 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>19</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Richard Davolt

13. Birthplace D.K. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Annie Forbes

15. Birthplace D.K. Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Ridgway

(b) Address Brookfield, Missouri

17. (a) Burial (b) Date thereof Oct 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Best Cemetery

18. (a) Signature of funeral director Bill Funeral Home

(b) Address Brookfield Mo

19. (a) Oct 29 1947 (b) Chris A. Martens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Nov 20 1947 to Oct 25 1947; that I last saw him live on Oct 25 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis - stroke

Due Cerebral Arteriosclerosis 3 yrs

Due to _____

Other conditions Complexion from pregnancy within 2 months of death 14-10

Major findings Complexion 14-10

Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Ray Kaley (M. D. or other) MD
Address Brookfield Mo Date signed 10 27 47

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 *J. M. Backlock*
Licensed Embalmer No. *2246*
P. O. Address *Brookfield 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.