No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42458

FILED DEC 16 1947

Registration District No. 2410 Primary Registration District No. 4357 Registrar's No. ~~44~~ 66

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

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Ark~~ MO (b) County New Madrid 72
(c) City or town Marston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur Lee Davis
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 1 (Day) 1947 (Year)

8. AGE: Years | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Marston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Clyde Davis
13. Birthplace Conway Co. (City, town, or county) Ark (State or foreign country)
MOTHER
14. Maiden name Lola Dena McIntire
15. Birthplace Walnut Ridge, Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Clyde Davis
(b) Address Marston, Mo
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro, Ark
18. (a) Signature of funeral director De Lisle Funeral Parlor
(b) Address Portageville Mo
19. (a) 11-24-47 (Date received local registrar) (b) H. L. Ponder Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 7:00 am minute M.
21. I hereby certify that I attended the deceased from Nov. 20, 1947, to Nov 24, 1947; that I last saw ~~him~~ alive on Nov 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hoofing Cough	1 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Claude McRae (M. D. ~~or other~~)
Address Marston Mo Date signed 11-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.