

S. No. 300
M-10-47
v. 5-17-39
WI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40638

FILED DEC 17 1948
Registration District No. 774

Primary Registration District No. 5644

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lafayette

(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

(d) Street No. County Home
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME GEO W. DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from June 15, 1947 to Oct 15, 1947

that I last saw him alive on Oct 12 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Aug 30 1868
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis

Duration years

8. AGE: Years 80 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Columbia (City, town, or county) Ind (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business Lafayette

12. Name John Davis

13. Birthplace Hanne Ind (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 97

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant County Home

(b) Address Lafayette MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette MO

18. (a) Signature of funeral director [Signature]

(b) Address Lafayette MO

19. (a) 10 Nov 48 (Date received local registrar) (b) [Signature] (Registrar's signature)

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? 1

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

Signature [Signature] (M. D. or other) [Signature]

Address Lafayette MO Date signed 10/16/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-16-48

Handwritten signature

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 *Garrist G. Pumpel*

Licensed Embalmer No. *32757*

P. O. Address *Huntington*

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.