S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 5 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41224

Registration District No. 316 | Primary Registration District No. 6074 | Registrar's No. 404

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town LEADWOOD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 43 YEARS

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

3. (a) PRINT FULL NAME ARCHIE L. DAVIS
3. (b) If veteran, name war —
3. (c) Social Security No. X498-10-9656
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, divorced MARRIED
6. (b) Name of husband or wife MURREL DAVIS
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased JAN. (Month) 14 (Day) 1905 (Year)

8. AGE: Years 43 | Months 11 | Days 14 | If less than one day — hr. — min.

9. Birthplace FLAT RIVER (City, town, or county) MO. (State or foreign country)
10. Usual occupation MINER
11. Industry or business ST. JOSEPH LEAD CO.
FATHER
12. Name GEORGE DAVIS
13. Birthplace ANNAPOLIS (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name RACHEL ROBINSON
15. Birthplace IRON MOUNTIAN (City, town, or county) MO (State or foreign country)
16. (a) Informant MRS. MURREL DAVIS
(b) Address LEADWOOD, MO
17. (a) RURAL (Burial, cremation, or removal) (b) Date thereof 12/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation LEADWOOD, MO.
18. (a) Signature of funeral director Bert L. Boyer
(b) Address LEADWOOD, MO
19. (a) 12-29-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1948 hour — minute 130 P.M.
21. I hereby certify that I attended the deceased from 12-1- 1948 to 12-25 1948 that I last saw h alive on 12-23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to arterio Sclerosis	
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 Jas. W. Hoffman (M. D. or other) MD
Address Bismarck MO Date signed 12-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 149-33

Date Filed 1-4-49

FEB 1 7 1949

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 William E. Boyer, Registered Apprentice No. 229, working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood, 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.