

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9063

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1949
Registration District No.

State File No.

Primary Registration District No. 5664

Registrar's No. 23

1. PLACE OF DEATH:

(a) County..... Lewis

(b) City or town..... Rural Reddish Twp.
(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..... 1
years (Specify whether years, months or days)

In this community..... years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Lewis

(c) City or town..... 4 miles North of LaBelle, Mo.
Rural (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..... 0

3. (a) PRINT FULL NAME..... Vernon Leon Davis

3. (b) If veteran, name war..... no

3. (c) Social Security No. 497-32-6822

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 21
year..... 1949 hour..... 4:30 A.M. minute..... 0 M.

4. Sex..... M 5. Color or race..... W

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

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

7. Birth date of deceased..... April 10, 1931
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 21 10
....., 1949 to..... March 21....., 1949;
that I last saw him alive on..... March 20....., 1949;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>11</u>	<u>11</u> hr. min.

Immediate cause of death..... Carcinoma of Liver

Due to.....

Due to.....

Duration
8 months

9. Birthplace..... LaBelle, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Student

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

MOTHER FATHER

11. Industry or business.....

12. Name..... Chester F. Davis

13. Birthplace..... Knox County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name..... Rose Miner

15. Birthplace..... St. James, Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations..... 155X

Of autopsy.....

PHYSICIAN
.....
Underline the cause of which death should be charged statistically.

16. (a) Informant..... Mrs. Rose E. Davis

(b) Address..... LaBelle, Mo.

17. (a) Burial (b) Date thereof..... Mar. 23, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... LaBelle, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

18. (a) Signature of funeral director..... Don Marbo
(b) Address..... Jefferson City, Mo.

19. (a) Mar. 22, 1949 (b) D. W. Jennings
(Date received local registrar) (Registrar's signature)

23. Signature..... David M. Bower (M. D. or other)

Address..... LaBelle, Missouri Date signed..... 3/20/49

APR 7 1949

RECEIVED
District Health Officer No.
District File Number 3-49-5
Date Filed MAR 29 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, as by

Registered Apprentice No.

working under my personal supervision.

Signed *Don Marler*

Licensed Embalmer No. 4430

P. O. Address *Knox City, TN*

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.